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THE UNIVERSITY OF ALBERTA

THE CONCERNS OF FAMILIES WITH LEARNING DISABLED CHILDREN

BY

KAREN R. WAGGONER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

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IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING, 1988

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled The concerns of families with learning disabled children submitted by Karen R. Waggoner in partial fulfillment of the requirements for the degree of Master of Education in Educational Psychology (Counselling)

(Supervisor)

Date: March 7, 1988

DEDICATION

To my parents, Robert V. Waggoner and A. Betty Ann Waggoner
because "thou excellest them all".

And to Carole,
no ordinary person.

ABSTRACT

The purpose of this thesis was to explore the lived experiences and concerns of the parents and families of learning disabled (LD) children. Utilizing a qualitative research methodology, the parent(s) of eight different families were interviewed using a semi-structured format. One in-depth interview was conducted with the parent(s), of each family. The interviews were then transcribed, and analyzed for themes. Seven main themes emerged from the interviews. The themes are as follows: active parental involvement in the child's education, parents in relationship with the school, support for the parents, social concerns for the LD child, concerns about the future for the LD child, emotional strains of parenting LD children, and family life.

The results of this thesis were related to the findings of a number of existing studies, suggestions were made for future research, and recommendations were made based on both the findings of this thesis, and the suggestions of the parents.

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I would like to acknowledge the following individuals for their special and unique contributions to this project.

- the parents and families who participated in this study. I hope I have accurately portrayed your thoughts, concerns, and experiences. It is a privilege to have known each one of you.

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TABLE OF CONTENTS

		Page
Dedication		iv
Abstract		v
Acknowledgements		vi
Table of Contents		vii
Chapter One	Introduction	1
	Background to the Study	1
	Purpose of the Study	3
	Definitions	4
	Overview of the Study	5
Chapter Two	Review of the Literature	7
	Historical Milestones	7
	Definitions of LD	12
	Prevalence	16
	Causes	17
	Characteristics	19
	Diagnosis	23
	Service Delivery Models	25
	Parental Involvement in Education	26
	The Family and LD	30
	General Overview	30
	Parents of LD Children	32

	Siblings of LD Children	33
	Families of LD Children	34
	LD and Systems Theory	35
	Summary	36
Chapter Three	Methodology	38
	Determining the Sample	40
	Demographics of the Sample	40
	Data Collection	41
	Analysis of Data	43
Chapter Four	Results (Themes)	45
	Parental Involvement in the Child's Education	45
	Parents in Relationship with the School	51
	Support for the Parents	53
	Social Concerns for the LD Child	57
	Concerns About the Future for the LD Child	58
	Emotional Strains of Parenting LD Children	59
	Family Life	66
	Summary of Themes	69
Chapter Five	Discussion and Conclusions	71
	Limitations of the Study	71
	The Effects of Bracketing upon Research	73
	Relationship to Prior Research	74

Future Considerations 78
Recommendations 79
Conclusion 82

References 83
Appendix A 87
Appendix B 88

CHAPTER ONE

Introduction

This is a qualitative study of the lived experiences of parents of learning disabled (LD) children. To date, very little research has been undertaken on families with learning disabled children, and even less on the experience of parenting such children. The study seeks to understand this particular experience through the eyes of the parents, which can best be achieved utilizing a qualitative research methodology, incorporating aspects of a phenomenological approach.

Background to the Study

Significant advancement has occurred within the last 25 years in the field of learning disabilities. Parents, teachers, and administrators are becoming increasingly more aware of educational and emotional needs of LD children. The area of learning disabilities is fairly new in comparison to other areas of special education and only fairly recently has concerned itself with actively involving parents in remedial programs and decision-making.

There was a time when teachers and administrators were expected to meet all of the educational needs and requirements of the children their schools served. However, as educator and parent awareness have grown with regard to educational needs and issues, there has been an increasing dialogue between parents and school personnel with regard to children's education. The majority of such dialogue has occurred, however, between parents and teachers of exceptional students, whether mentally retarded, learning disabled or gifted. It would appear that parents of such students recognize a need to have an

impact upon the nature and extent of their child's education.

Parental advocacy is coming more and more to the forefront in learning disabled families, out of necessity in some cases, and frustration in others. Such advocacy implies that educational personnel are meeting with parents and having to deal with their concerns and demands, in addition to having to maintain a professional perspective separate from that of the parents.

Just as parents have become more aware of the need to be involved, so too, many special educators have realized the importance of involving the parents. Kelly (1973) stated that:

> Even special educators, long accustomed to regarding parents as potential sources of children's problems, are finding parental involvement to be an essential factor in the success of their educational programs. (p.357)

Abramson (1979) supported Kelly's viewpoint when he said:

> an abundance of information exists that highlights the needs for academic and social programs to be carried out in environments other than the school. One of the most effective methods of increasing the strength of academic programs is to train parents to carry out these programs in the home and general community. (p.22)

Leyser and Cole (1984), and Porcella (1980) also highlighted the benefits of involving parents in the child's educational programming. Because teachers, administrators and parents are working more closely together it becomes necessary for both groups to understand the pressures and demands of the other's position. While not all educators agree on the need and desirability of parental involvement (Kelly, 1973), the literature is increasingly focused on the benefits of such teacher-parent cooperation.

Purpose of the Study

The purpose of this thesis was to explore the parents' experience using a qualitative research methodology (Colaizzi, 1978), in an effort to assist educators in understanding the lived experiences of the parents and families of LD children. Hall and Richmond (1984), in their article on consulting with parents of handicapped children, described the importance of this focus in the following way:

> Consultation with these parents highlights the need to be aware of the difficulties with which these families are faced. The family structure and degree of emotional involvement differ from that of a family not experiencing such trauma; in no way is it implied that this difference is abnormal. The stresses and heightened emotional involvement necessitate a different structure. (p.185)

While much has been written on the topic of learning disabilities in the areas of remediation, assessment, diagnosis, and mainstreaming, very little research has addressed the functions, needs, and stresses of the family (Faerstein, 1981).

The family as a unit of observation has recently replaced the emphasis on the individual person in many fields of study and research. For example, within the last 20 years, the field of family therapy has burgeoned, greatly increasing its literature and research on the family as a system, and, therefore, as a unit of observation (Minuchin, 1984). So too, educators have more recently begun looking at the effects of the family system or unit on the child and vice-versa. The argument is put forth, and adequately substantiated, that to a large degree, a child's success in learning and adjustment can be significantly affected by the dynamics and structure of any particular family (Whitford, Chapman, and Boersma, 1982).

Special educators and related professionals are also beginning to focus on the family

as a unit of observation in dealing with handicapped children. An understanding of what a "handicapped" family experiences, and how it organizes itself around the handicapped child can provide educators with valuable information and insight in their interaction with both the child and the family.

Gallagher, Beckman and Cross (1983) reviewed the literature on the stress experienced by handicapped families and concluded that these families not only face the "normal" pressures and tensions of family life in our present society, but they must adjust to the presence of the handicapped child as well. They described the handicapped family as one which faces a "unique set of problems". A better understanding of these problems or stressors on the part of professionals can only enhance the relationship between these professionals and the parents and families they encounter in their work.

Definitions

Learning Disability: The definition which will be adopted for this study is that used by the University of Alberta Task Force in Children and Others with Learning Disabilities (Task Force, 1979).

> Children, youths and adults with learning disabilities are those who manifest a significant discrepancy between their estimated learning potential and actual performance. This discrepancy is related to basic disorders in the learning process which may or may not be accompanied by demonstrable nervous system dysfunction and which are not secondary to sensory loss, mental retardation, primary emotional disturbance or environmental disadvantage. (p. 3)

Phenomenological Research Methodology: Phenomenological research is that which seeks to understand the lived experiences of the subjects in their life-context

situations. Description, rather than explanation, prediction or control, is the goal of the methodology. The mode of operation is usually that of interviews with subjects in their natural settings. Specific steps for data analysis are then taken rendering, in the end, a descriptive statement of what has been gleaned from the interviews (Colaizzi,1978; Giorgi,1975; Kruger,1981).

Qualitative Research: qualitative research is interested in how people make sense out of their lives. It focuses on description rather than explanation; and on process rather than product. Rather than use an artificial laboratory for their studies, qualitative researchers prefer the natural settings, which they consider to be a direct source of data.

Overview of the Study

Chapter I provides an introduction to the problem being studied including the background to the study, purpose of the study, definitions, and study overview.

The first section of Chapter II provides the reader with a brief outline of the history of the learning disabilities movement, a review of definitions of LD, prevalence, causes, diagnostic tools, characteristics of the LD child and the status of parental involvement in remedial programs. The second section of the chapter concerns itself with a review of the current literature with regard to the family's role and experience where there is at least one LD child.

Chapter III discusses the methodology employed in the research, the characteristics of the sample, collection of data, methods for data analysis and the assumptions made in conducting the study.

Chapter IV presents the analysis of the data and a statement of the results, while

Chapter V summarizes the findings, conclusions and limitations of the study as well as consequent recommendations and suggestions for future research.

CHAPTER TWO

Review of the Literature

This literature review includes a brief sketch of the history of learning disablities, a review of the definitions, prevalence, its suspected causes and characteristics, diagnostic tools employed in identifying learning disabilities, parental involvement in education, and parental and family experiences.

Historical Milestones

The label "learning disabilities" (LD) was formally introduced in 1963, at a meeting of concerned parents in Chicago, Illinois (Hallahan, Kauffman, and Lloyd, 1985). The significance of this "label" was that it was educationally-based as opposed to etiological in nature. Prior to that meeting in 1963 there existed much confusion about the disabilities to which researchers were referring when they used such terms as minimal brain dysfunction (MBD), reading disability, dyslexia, and perceptual handicap, to name a few (Hallahan, et al., 1985). As well, this label made it possible for parents and professionals to work and lobby with a "united front" (Hallahan, et al., 1985). The idea of a united front was foreign to most learning disabilities researchers because unlike for mental retardation and various other conditions requiring special education, the field of learning disabilities (LD) derived its origin from scattered sources. Because of this multiplicity of origins, the historical development of the field remains somewhat ambiguous in comparison to other conditions.

Weiderholt (cited in Lerner, 1981)) divided this history into three distinct periods: 1) the foundation phase; 2) the transition phase; and 3) the integration phase. A fourth phase

has been added by Lerner (1981), which she refers to as the contemporary phase. Utilizing these stage designations, the writer has identified significant milestones in a brief history of the LD movement.

I. The Foundation Phase (1800-1930).

This phase was characterized in its earliest stages by basic scientific research on the brain, and disorders peculiar to it. Physicians explored and hypothesized about causes, and manifestation of dysfunctions within, and damage to the brain (Lerner, 1981).

During this phase, phrenologists asserted that through their techniques of studying and mapping skull topography, prediction and explanation for the origin of normal and abnormal behavior would be possible (Bryan and Bryan, 1978). Many investigators, however, eschewed the framework offered by phrenology and began exploring the relationship between internal brain structures and motor behavior. Of these investigators, Broca's work, as cited in Bryan and Bryan (1978), remains outstanding. It was his position "that specific parts of the brain were related to specific human processes" (p.13). Working from this assumption, Broca was eventually successful in demonstrating that loss of speech was directly related to damage in a specific section of the brain. He referred to this loss of speech as "aphasia", and later as "expressive aphasia". While Broca's aphasia referred to the inability to produce speech, Wernicke, (cited in Bryan and Bryan,1978) came to believe that this was not the only type of speech loss. He eventually "demonstrated another type of aphasia, the inability to understand the speech of others" (p.14). As a tribute to his work, Wernicke's model for the study and analysis of aphasia is still utilized today by psychoeducational specialists.

In 1925, Orton presented his findings and theories to the American Neurological

Association on a condition in which individuals were, for example, confusing the word "saw" for "was". He termed this reversal of right-left order "strephosymbolia" (Gearhart, 1981). During this same time period, others began to go beyond research to practical exploration. For example, in 1921, at the University of California at Los Angeles (UCLA), Fernald initiated a "multisensory approach" to a wide variety of student problems. This program was eventually narrowed down to involve those students who demonstrated normal to above normal intelligence, yet experienced learning blocks or difficulties (Gearhart, 1981).

While Broca and Wernicke were localizing brain dysfunction to specific parts of the brain, Jackson was asserting that parts of the brain were intimately interconnected with one another. Jackson maintained that damage to one area of the brain would affect and decrease overall general ability (Bryan and Bryan, 1978).

II. The Transition Phase (1930-1960).

This period was characterized by a variety of events, including more brain research. For example, Goldstein, working from a gestalt framework (Bryan and Bryan, 1978), observed the behavior of World War I soldiers who had suffered head wounds. He was able to distinguish five predominant behavioral characteristics in these men (Hallahan, et al.,1985), one of which was an inability to differentiate between foreground and background. Goldstein generalized that this characteristic affected all perceptual processes. His belief was that "brain-damaged subjects had difficulty separating the important from the unimportant, the necessary from the trivial" (Bryan and Bryan, 1978, p.16). Two of his students, Strauss, a neuropsychiatrist, and Werner, a psychologist, began to work on isolating the behavioral characteristics of brain injured children. As a

result of their work with brain injured and mentally retarded children, Werner and Strauss were able to successfully replicate the earlier findings of Goldstein, with children (Hallahan,et al.,1985). One of the implications of their work was that learning could not only be impaired by brain damage but by character flaws and emotional turmoil as well (Bryan and Bryan, 1978). This important work is reported to have contributed to the "marriage" of the fields of education and neurology in the area of learning (Bryan and Bryan, 1978). While Werner and Strauss' methodology later came under strong and justified criticism in some of their work, their contributions to the yet developing field of learning disabilities have been considerable (Hallahan,et al.,1985).

It was also during this phase that Myklebust noticed that certain auditory disorders could be circumvented when special diagnostic methods were utilized, and Frostig became instrumental in developing methods and procedures to assist students with learning problems to learn more effectively (Gearhart, 1981).

III. The Integration Phase (1960-1980).

The understanding of students' learning problems was becoming progressively less generic, and increasingly more specific with regard to both etiology and manifestation during the first two phases. Just as researchers, scientists, and teachers were becoming more aware and capable of identifying weaknesses in the learning skills of particular children, so too educational remediation was becoming more available. Gearhart (1981) noted that, prior to 1963, students with learning difficulties were provided educational programs in a variety of settings. These students were referred to by a variety of names, such as:

(1) hyperactive students,(2) brain-injured students,(3) Strauss syndrome students,

(4) dyslexic students,(5) students with perceptual disorders, (6) students with perceptual-motor disorders, (7) minimal brain dysfunction (MBD) students, (8) dysgraphic students,(9) aphasic students, or (10) neurologically impaired students.(p.8)

Parent advocacy groups were also beginning to emerge in the early 1960s. One particular group held its first annual meeting in Chicago in 1963, and invited Kirk to be a major speaker because of his work in the area of handicapped children (Gearhart, 1981). It was at this meeting that Kirk suggested the term "learning disabilities" be utilized in the description of children "who have disorders in development in language, speech, reading, and associated communication skills needed for social interaction" (p.9). He suggested this term in an effort to avoid technical names (i.e., aphasia, dyslexia, autism) which he found to be unhelpful in "management training" and in giving information regarding the child's intellectual capacity. He excluded from this category children who suffered from mental retardation, or sensory impairments such as blindness or deafness (Gearhart, 1981). At that particular meeting the parents also voted to organize the Association for Children with Learning Disabilities (ACLD).

With the "umbrella" term of learning disabilities, the formerly independent areas of research were able to unite and combine forces in their assault on learning difficulties. This period saw a marked increase in school programs for those children diagnosed with a learning difficulty, and a certain eclecticism with regard to "theories, assessment techniques, and teaching strategies" (Lerner, 1981).

In 1975, the Education for All Handicapped Children Act, Public Law 94-142, was passed by the United States Congress. This was a significant event in the perpetuation of the LD movement. Hallahan, et al.(1985) stated that PL 94-142 "... was framed to meet

the needs of all handicapped children for special education, and learning disabled children were included in the law and the accompanying rules and regulations (p.11).

This federal recognition of the existence of learning disabilities was instrumental in the establishment of a separate educational category for learning disabilities (Hallahan, et al., 1985).

IV. The Contemporary Phase (1980 to present).

Lerner (1981) described the contemporary status of the field as one in which there have existed several notable expansions of thought. The first of these expansions has involved the broadening of the focus from children to include adults. Secondly, the cross-categorical movement has continued to grow causing the elimination of barriers between various categories of special education with an emphasis upon commonality.

Finally, thought about the self-contained classroom has expanded to include the possibilities and practise of mainstreaming. This practise is becoming increasingly more popular and seeks to integrate the disabled child into the regular classroom (Lerner, 1981).

Definitions of Learning Disability

Great controversy surrounds existing definitions of learning disabilities. As recently as 1986, Warner and Bull have stated that "the field of LD is in considerable turmoil... numerous examples could be cited regarding the current conceptual confusion and pessimism regarding how to characterize LD" (p. 139).

Cruickshank (cited in Mercer, Hughes, & Mercer, 1985) has identified over 40 English terms used in the literature to refer to the LD child. Hammill, Leigh, McNutt and

Larson (1981) have cited what they describe as the most frequent criticism leveled against the LD field as being the lack of consensus among professionals concerning a definition of the term "learning disabilities" (p. 337).

Some professionals have even gone so far as to suggest that the term "learning disability" is merely the over-sophisticating of a student's underachievement (Algozzine & Ysseldyke, 1983), and that the term "does not represent an empirically validated subcategory of students who experience problems in school" (Warner and Bull, 1986). Recognizing these elements of conflict, several definitions and ensuing criticisms will be presented.

As mentioned previously, the United Sates Congress, in 1975, overwhelmingly passed PL 94-142, The Education of All Handicapped Children Act. With the passage of this law, LD became legitimate and permanent as a special education category (Hallahan, et al., 1985). This federal law defines a learning disability as a:

> disorder in one or more of the psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, of emotional disturbance, or environmental, cultural, or economic disadvantage. (cited in Hallahan, et al.,1985,p.14)

This definition has received much criticism. One such criticism involves the use of the term "basic psychological processes". According to Hammill, et al.(1981) this phrase causes extensive and needless debate in the field. Others (Hallahan,et al.,1985) have

suggested that such a phrase is, in reality, obsolete. A second criticism surrounds the exclusion of LD adolescents and adults (Hammill,et al.,1981) as children appear to be the sole beneficiaries of such a definition and hence, the law. A third proposed problem is in its exclusion of environmental disadvantages, emotional disturbance and mental retardation as possible sources of LD. Hallahan, et al.(1985) have claimed such exclusivity "not completely rational" because LD can occur concomitantly with other handicapping conditions. Finally, Warner and Bull (1986) berated educators for adhering to a definition which is educational in neither theory nor practise.

These limitations, among others, have caused the National Joint Committee for Learning Disabilities (NJCLD) to create their own definition in an effort to provide a more accurate and realistic description (Hammill,et al.,1981).

> Learning disabilities is a generic term that refers to a heterogenous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairments, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors) it is not the direct result of those conditions or influences (cited in Hammill,et al.,1981,p.340).

Hallahan, et al.(1985) has listed five advantages of this definition over that offered by PL 94-142: (1) it includes adults, (2) it eschews the phrase "basic psychological processes", (3) "spelling" is not listed as a specific disorder, because it is now accurately subsumed under other areas of function, (4) it avoids delineating ill-defined conditions

(such as dyslexia and minimal brain dysfunction), and (5) it opens the door for learning disabilities to occur along with other handicapping conditions.

One year prior to the NJCLD creation of this new definition, a University of Alberta Senate Task Force successfully composed their own definition. This more local definition reads as follows:

> Children, youths and adults with learning disabilities are those who manifest a significant discrepancy between their estimated learning potential and actual performance. This discrepancy is related to basic disorders in the learning process which may or may not be accompanied by demonstrable nervous system dysfunction and which are not secondary to sensory loss, mental retardation, primary emotional disturbance or environmental disadvantage. (p. 3)

This definition refers to all age groups rather than just children, and to learning processes as opposed to "psychological processes". The Task Force has gone on to explain that by learning processes they were referring to three phases of learning.

> Malfunctions may occur in the process of absorbing information, or organizing the information, or in expressing the information. Thus, a learning disabled individual may be unable to express what he knows (problems in speech, writing, movement, etc.), unable to assimilate what he has taken in (problems in memory, in integrating information from two sources, spatial orientation, etc) or unable to absorb the information (problems in reading, listening, attention to tasks, etc.). (p.4)

This definition clearly includes certain aspects of the preceding two definitions, yet distinguishes itself from them in its choice of more specific terminology. The Task Force explanation of what is meant by "learning processes" creates a more succinct picture of what a learning disability is in reality. For the purposes of this study, the Task Force

definition will be adhered to for the aforementioned reasons, and its uniquely Canadian origin. It should be noted that a common factor in all three definitions is that learning disabilities cause a discrepancy to exist between what appears to be a person's learning potential and his/her actual achievement (Hallahan,et al.,1985).

Prevalence

There exists an intimate connection between a condition's definition and its prevalence. One of the criticisms of LD definitions is that they are too generic raising incidence reports to extremely high proportions (Algozzine and Ysseldyke, 1983). McCarthy has been quoted as saying "(t)ell me how many you want and I'll write you a definition that will find that many" (cited in Algozzine, Ysseldyke and Shinn, 1982, p.304). Others have pointed out that varying definitions used throughout the United States provide varying prevalence estimates and rates (Hallahan,et al., 1985; Mercer, Hughes, and Mercer, 1985).

The United States Special Education Program has estimated that 1% to 3% of the school population suffer from learning disabilities, although at present they are holding to a figure described as "just over 3%" (Hallahan,et al.,1985).

Following PL 94-142, researchers in the United States noticed an increase in incidence reports of LD with a complementary decrease in reports of mental retardation. To some, this rather suspicious coincidence suggested "category jumping" on the part of some who would have otherwise been labeled as retarded. This phenomenon may be attributed to parents and/or teachers who wish to avoid having their children labeled and stigmatized as mentally retarded. It is equally as possible that such an increase could be reflective of improved diagnosis on the part of practitioners.

On a more local level, the Senate Task Force concluded that one in ten students suffers from a learning disability (1979). They arrived at their figures on the basis of contact with the boards of both public and separate schools in the representative cities of each province and in selected U.S. cities having populations close to a half-million people. A rural study conducted in Grande Prairie, Alberta confirmed the findings of the Task Force (cited in Task Force Report, 1979). Amongst those schools using the Task Force definition, between 2% - 15% of the grade school population has been labeled as LD and the ratio of males to females is 5:1.

In jurisdictions where systematic testing procedures have been used, the suggested incidence lies between 10 and 15%, or, put another way, there is one LD child in every seven to ten students (Task Force, 1979). A study conducted by Cone, Wilson, Bradley & Reese (1985) has claimed a 3:1 ratio of males to females and replicates three previous major scale studies which found the same ratio.

Causes of Learning Disabilities

Opinions with regard to the causes of LD are varied. Smith (1978) lists some possible reasons for learning disability: (1) a long or difficult birth producing anoxia (or loss of oxygen to the brain); (2) prematurity; (3) the fetal cord wrapped around the infant's neck at birth; (4) poor position in the uterus; (5) dry birth (premature breaking of water); (6) intracranial pressure at time of delivery (use of forceps or narrow pelvic arch in mother); and (7) rapid delivery exposing the baby too quickly to a new air pressure.

Possible causes after birth are: (1) length of time elapsed before breathing begins; (2) high fever at an early age; (3) a sharp blow to the head; (4) meningitis or encephalitis; (5) lead poisoning; (6) drug intoxication; or (7) oxygen deprivation, which can occur for any

number of reasons. According to Smith (1978), heredity alone is apparently sufficient to provide the necessary genetic make-up for LD (Smith, 1978).

Hallahan, et al (1985) differentiated causes as either intrinsic (biochemical, brain injury, genetic); extrinsic (lack of opportunity, poor instruction, parental abuse, neglect); or unknown. They cautioned that "typically the causal factors in a given case cannot be pinpointed... and tend to be interrelated, as do the disabilities" (p.17).

Algozzine and Sutherland (1977) questioned the assumption that a condition such as LD, and therefore a cause, actually exist. "Perhaps", they contended, "it is actually a deficit in the educational system with its methods, philosophies and strategies rather than a psychophysiological deficit" (p.36). Furthering such thought, Algozzine and Ysseldyke (1983), found a number of similar characteristics between LD students and low achievers. It is their contention that the concept of LD may actually be an over-sophistication of low achievement.

The Task Force (1979) outlined causes as drawn from high incidence groups. For example, infants with a high potential for organic damage apparently also have a high potentiality for learning disabilities. They also cited premature birth, low birth weight, poor pre-natal care, labor trauma, mother's well-being during pregnancy, her nutrition, and health habits as determining factors. The Task Force further indicated a correlation between learning disabilities and the first days of the newborn's physiological adaptation to the outside world.

It is clear that much of the literature points toward pre-natal, natal and post-natal care as vitally important in the prevention of learning disabilities. Overall, "the potential causes of learning disabilities are many and include genetic, neurological, environmental, and psychological factors" (Hallahan, et al.,1985, p.25).

Characteristics of Learning Disability

Learning disabled children are not primarily mentally handicapped children, although the general public and some uninformed professionals (including some educators) do not demonstrate knowledge of the distinction between the two conditions. To qualify as LD, a child must possess at least low-average intelligence, a criterion disqualifying those considered in the borderline or mentally handicapped range of intellectual functioning. With this in mind and prior to commencing on a discussion of what characterizes a learning disability, it might be equally helpful to briefly state what learning disabilities are not. In reference to the exclusions listed in PL 94-142 , Smith (1983) explained that the LD definition excludes:

> mental retardation, emotional disturbance, visual (blind), hearing (deaf), and motor (polio, muscular dystrophy) handicaps from being the primary cause of learning disabilities. However, learning disabilities can co-exist with these conditions. (p.54)

PL 94-142 also excludes the environmentally, culturally, and economically disadvantaged person if these conditions are found to to be the primary determinants of learning difficulty. The discussion now turns to what characteristics are considered to be signals of a learning disability.

Before a child can be labeled LD, it must be documented that learning outcome has been poor in spite of good educational opportunities; and the LD child must require special educational strategies beyond those generally used at his age or ability level (Smith, 1983, p.52).

In general, LD children become identifiable as they exhibit certain characteristics assumed to be outward manifestations of a learning disability. The characteristics one utilizes in the identification process, however, are largely a function of the definition one

embraces. As has been noted, there exists weakness in many of these definitions, which can lead to the over-identification of students. Acknowledging then, that the citing of and adhering to certain characteristics is not without its problems, the present discussion will turn to the explication of such.

The University of Alberta Senate Task Force described the learning disabled child in this way:

> Symptoms of learning disability are often present and detectable during pre-school years; they become increasingly apparent in the formal education setting. Problems appear in a number of ways, variously described as: immaturity, forgetfulness, distractibility, disinterest, hyperactivity. Specific symptoms vary, but learning disabled children have one universal characteristic. In one or more learning areas, performance consistently falls far short of estimated potential. They are not mentally retarded. They are not initially emotionally disturbed, although emotional disturbance may result from continued frustration in learning situations. They are a source of consternation, irritation and despair to teachers and parents alike. (1979, p.1)

From the literature it can be readily ascertained that there are areas of agreement and disagreement on the symptomatic manifestations of LD. Most writers agree, however, that the basic criterion or characteristic deemed necessary to a diagnosis of LD is the existence of a "severe discrepancy" between measured intellectual ability and level of achievement in some area (Gearhart, 1981; Senate Task Force, 1979). These areas are outlined by the United States Office of Education (cited in Algozzine, Ysseldyke & Shinn, 1982, p.300) as the following:

(i) oral expression;
(ii) listening comprehension;
(iii) written expression;

(iv) basic reading skills;
(v) reading comprehension;
(vi) mathematics calculation; or
(vii) mathematics reasoning

Gearheart (1981) has identified this severe discrepancy as necessary to a diagnosis of learning disability. However, even this criterion is not without its critics. Algozzine, Ysseldyke and Shinn (1982) have noted that the United States federal government's neglect to specify how severe the discrepancy should be has resulted in a multitude of formulas across state and local levels, rendering "a so-called specific learning disability an arbitrarily derived disorder" (p.299). While this achievement-ability discrepancy is widely accepted as basic to learning disability, it is not generally clear just how severe that discrepancy should be to indicate LD.

Johnson and Morasky (1980) have cited various authors in isolating five characteristics of the LD child. According to these authors, the LD child: (1) has average or above intelligence, adequate sensory acuity, but is achieving considerably less than a composite of his intelligence, age, and educational ability would predict (Gearheart, 1973); (2) has specific difficulty in acquiring and using information or skills essential to problem solving (Valett, 1969a); (3) has integrity emotionally, motorically, sonsorially, and intellectually, but despite these integrities, cannot learn in the usual manner (Johnson and Myklebust, 1967); (4) displays developmental discrepancies in ability, along with a specific problem that is not a correlate of other primary handicapping conditions, and behavioral deficits (Kirk, 1972); and (5) exhibits an educationally significant discrepancy between apparent capacity and functioning (Bateman, 1964).

A United States Government Task Force has generated 10 general symptoms or characteristics which may be present in learning disabilities (cited in Adelman and Taylor, 1983, pp. 9-10):

(1) hyperactivity;
(2) perceptual-motor impairments;
(3) emotional lability;
(4) general coordination deficits;
(5) disorders of attention;
(6) impulsivity;
(7) disorders of memory and thinking;
(8) specific learning disablities;
(9) disorders of speech and hearing; and
(10) equivocal neurological signs and encephalographic irregularities.

Although several of the authors cited above include hyperactivity in their list of possible characteristics, Sattler (1982) distinguished between learning disabilities and hyperactivity in that different approaches to treatment may be required; and that "hyperactive children show no specific pattern of cognitive deficits independent of their difficulties with attention or impulse control" (p.416). As well, Campbell (cited in Sattler, 1982) distinguished between academic underachievement and a specific learning disability:

> Children who do not attend may do poorly in school, but in the absence of clear patterns of deficits in particular areas of cognitive functioning it would be misleading to assume that the poor school achievement was the result of a learning disability. (p.416)

Although emotional and social characteristics are not utilized in identifying learning disabilities, they are often concomitants of LD, and as such are discussed below.

Rosner, Abrams, Daniels and Schiffman (1981) characterized the LD child as suffering from "narcissistic wounding and hurt pride" (p.19). A study conducted by Margalit and Zak (1984) found that LD groups demonstrated higher levels of anxiety as a result of feeling little or no control in events happening to them. Valett (cited in Johnson and Morasky, 1980) described LD's as often experiencing a free-floating anxiety,

perhaps being manifest in a restlessness or uneasiness. He hypothesized that this anxiety stemmed from repeated academic failures and the anticipation of future failure. Winter, and others (1983) found that LD children are more distractible, have difficulty attending to academic tasks, experience a low tolerance for frustration, and experience low self-esteem. In a study which examined social status as determined by conceptions of friendships, perceptions of social competencies, and behavior in school, Hoyle and Serafica (1984) concluded that LD children are less likely to be nominated as friends than their nonLD peers. They further concluded that LD children have difficulty in reciprocating liking, often experience deficits in social skills, and exhibit lower self-esteem, and negative emotional states.

Dudley-Marling and Edmiaston (1985) reviewed the experimental literature on the social status of LD children and reported that, in general, a majority of the research has indicated a relatively low level of social acceptance among the learning disabled. For example, Bryan and Bryan have stated that "there seems to be little question that the learning disabled child is likely to be rejected by parents, teachers, and peers'" (cited in Dudley-Marling and Edmiaston, 1985, p. 189). However, Dudley-Marling and Edmiaston, concluded that the research indicated that while LD's as a group do tend to face the above-described rejection, this rejection is not automatic. They further demonstrated that the sociometric research has indicated relatively few LD students were rejected, some were popular, and most enjoyed neutral status as did many of their non-LD peers (Dudley-Marling and Edmiaston, 1985).

Diagnosis of Learning Disability

The diagnosis of learning disabilities can take any number of forms. Bryan and

Bryan (1978) briefly outlined three models which provide perspectives for diagnosis. These three models are referred to as the medical, psychometric, and social systems models.

The medical model is described as one which searches for etiology, or causes of LD, through the "assessment of the person's abilities and attributes" (p.239). Biological causes are assumed, rendering sociocultural background irrelevant (Smith, 1983). Symptom removal is thusly expected to occur through the elimination of the cause. This model is criticized for its focus on pathological deficit and disease as opposed to the positive, healthy attributes of the person.

The social systems model, on the other hand, searches for weakness, limitations and deficiencies in the child's home and school environments. This model absorbs a behavioristic position which embraces operant conditioning. Thus, a child's irregular or pathological behaviors are believed to be a function of reinforcement in the child's environment. "The diagnosis of learning disabilities would be the evaluation of teacher's, parent's, and peer's, responses to the behaviors of the child" (Bryan and Bryan, 1978, p.239). This model asks the question,"is this child being rewarded for poor performance?" (p.239).

The psychometric or statistical model is less concerned with "causes" and more concerned with the assessment of skills, abilities, and subsequent inadequacies. This approach remains predominant, although it has come under strong attack (Algozzine, et al.,1982). A main thrust of this approach is to assess the level of intellectual functioning (with IQ tests) and level of achievement (with achievement tests). Often, a number of additional tests are administered in an effort to ascertain specific weaknesses in suspected cases of LD. Some of the more popular intelligence tests used are the Wechsler

Preschool and Primary Scale of Intelligence (WPPSI), the Wechsler Intelligence Scale for Children-Revised (WISC-R), the Wechsler Adult Intelligence Scale-Revised (WAIS-R), and the Stanford-Binet IV (most recent edition). Achievement tests often utilized are the Peabody Individual Achievement Test (PIAT), and the Wide Range Achievement Test-Revised (WRAT-R), Levels I and II (Gearheart, 1981).

Multidimensional nondiscriminatory assessment (diagnostic) procedures are mandated by PL 94-142. This law also requires that multiple perspectives be employed within the assessment, decision-making, and planning process (Smith, 1983). This model is best implemented with a team approach. (For an extended treatment of a variety of models, the reader is referred to Smith, 1983, pp. 315-329).

Service Delivery Models

Once a child has been diagnosed as LD it becomes necessary to determine where and how that child's needs will be most adequately met. In the United States, PL 94-142 requires that an individualized educational program (I.E.P) be drafted by a multidisciplinary team. The content of the I.E.P. must reflect assessment, goals and objectives (long term and short term), and evaluation and review procedures (Schenck, 1987).

A central focus of the I.E.P. is to determine and establish placement recommendations based upon the child's needs, and the least restrictive environment clause of PL 94-142, which requires children to be educated to the maximum extent possible with their non-handicapped peers (Gearheart, 1981). For some LD students, especially those suffering from a hyperactive nervous system, "greater physical restriction can mean less psychological restriction" (Cruickshank, cited in Hallahan, et

al.,1985, p.23).

Smith (1983) has described the various programs available in terms of categorical and non-categorical service delivery. Categorical service is that which relies on the practise of labeling the handicap through use of programs like resource rooms, special classes, special day or residential schools or the self-contained classroom. These categorical service types are those most restricting in environment (Hallahan, et al.,1985). Alternatives to categorical services include the dividing of children according to instructional need without reference to a category of special education; and the indexing of the child's learning progress (Smith, 1983). This latter instructional approach involves daily measurement of what the child is learning in an effort to individualize instruction and avoid the labeling of general categories (Smith, 1983).

Not mentioned in either category above are the options of itinerant and consulting teachers. Itinerant teachers work with LD children individually or in small groups and advise the regular classroom teacher. A consultant teacher works with the regular classroom teacher in suggesting educational strategies and materials (Hallahan, et al., 1985).

Parental Involvement in Education

Many special educators and other professionals have come to realize the importance of involving parents in the remediation of their children (Abramson, 1979; Kelly, 1975; Leyser and Cole, 1984; Porcella, 1980; Wilgosh, 1985). This burgeoning realization was emphasized by the passing of PL 94-142 which required educators to involve parents in the decision-making process regarding their child's remedial program. Prior to the passing of this law in 1975, Voelker (cited in Kelly, 1973) had already suggested that

special educators must recognize the need for cooperation between the home and the school in an effort to assist the child in realizing his/her maximum growth and development. However, not all educators are enthusiastic about such involvement. According to Kelly (1973) there are fears that the educational process, its teaching methods and materials, are too complex for parents to grasp without years of schooling; and that often parents tend towards indifference and incompetence in their home management. These educators argue that in some cases, this mismanagement is why the child is presently deficient in educational growth (Kelly, 1973).

Taking a more optimistic point of view, Cone, Delawyer, and Wolfe, (1985) borrowed from several authors in their description of the positive benefits of involving parents in the educational program of their child. These benefits include: "improved child outcome, increased parent skill, improved parent emotional well-being, and improved operation of the educational program itself" (p.417). With these two positions in mind the discussion will now turn to research on such involvement.

Cone et al.(1985) set out to assess the level and type of parental involvement. Using the Parent/Family Involvement Index they concluded that:

> mothers are more involved than fathers in nearly all areas, whether it is transporting their child to school, conducting educational activities at home, or interacting with the school administration... (T)he top three types of involvement for both (parents) were participation in the special education process, contact with teacher, and transportation. The lowest three for mothers were classroom volunteering, involvement in advocacy groups, and disseminating information. Observations at school replaced involvement in advocacy groups in the lowest three areas for fathers. (p.422)

Teachers surveyed in this study did not rate parents as highly involved. Leyser and

Cole (1984) also reported evidence from several recent investigations which suggested that parental participation in special education programs has been quite limited.

Lufthaus, Lufthaus and Gibbs (1981) examined the parents' role in the decision-making process and found that their primary role was that of information giver/receiver, and "their second most common role was that of no involvement at all, with the exercise of decisional control in a few areas of the child's program third" (cited in Leyser and Cole, 1984, p.194).

Leyser and Cole (1984) reported reasons given by parents for lack of involvement as including the timing of school meetings, transportation to the meetings, the lack of gaining any new understanding into their child's difficulties and subsequent confusion following such meetings.

Winton (1986) contributed a unique and thoughtful perspective on parental involvement:

> The major assumption underlying efforts to involve parents was that this contribution could be enhanced by teaching parents (parents as learners) how to better manage and teach (parents as teachers) their own children... *(T)he reason for involving parents was to enhance child outcome*. This was so in spite of ample evidence demonstrating that parents of handicapped children had needs of their own. They were shown to suffer from depression, marital discord, and chronic sorrow, among other things. Within special education the predominant approach to dealing with this issue was to provide parent support groups. But the parent involvement trend of the 1970s did not incorporate an understanding of how parent needs might interact with child needs or interfere or be at cross purposes with the professional desire to enlist parent support for the educational process. (p.1, italics theirs)

Winton and Turnbull (cited in Winton, 1986) reported that parents did not perceive involvement with the child to be similar to involvement with the child's educational program. Further, some parents, at certain times, "did not want any role in their child's education- they wanted a break" (p.3) Glimps (1984), in her article, "Helping the Helpers: Increasing Parental Involvement", stated that "excellent intervention programs may never realize their potential due to the collapse of a concerned but overwhelmed family... (P)rofessionals assuming helping roles must become aware of what it means to have a child who is handicapped in the family..." (p.1).

THE FAMILY AND LEARNING DISABILITIES

General Overview

The need for information on the the learning disabled family has been well established (Faerstein, 1981; Glimps, 1984; Winton, 1986). In a review of the literature on stress and coping in families of learning disabled children, Faerstein (1981) reported that not a great deal of research had been done in the area. The focal point of most research has been the school, remedial programs, and how the parents or family fit into this scheme of activity. However, as Williams (cited in Smith, 1983) has stated, the family is the child's most important context. As well, the family background, its styles of child-rearing, and parental attitudes have been found to affect achievement in school (Bronfenbrenner, 1969; Smart & Smart, 1980, cited in Whitford, Chapman and Boersma, 1982).

Both Glimps (1984) and Gallagher et al. (1983) have suggested that the presence of a handicapped child in the family may be a source of much stress. The limited research which is available supports the finding that LD families experience stress, and has

further stated that children's learning difficulties are perpetuated and intensified when the family is unable to cope with this stress (Fish and Jain, 1985). As well, the birth of a handicapped child may affect a family's economic, physical, and psychological functions (Glimps, 1984). The disabled child can affect the family in other ways as parents may spend less time with their other children, friends, and with each other, as it becomes necessary to devote more time and attention to the needs of the LD child (Faerstein, 1981).

Because there is relatively little occasion for learning disabilities to manifest themselves in infancy, parents and family experience the shock and reaction later than those parents whose children are visibly handicapped at the time of birth. The family's reaction (especially the parents') to the disability is usually that of grief. Such grieving processes have been described by various authors (EACLD publication, no date cited; Glimps, 1984; Hall and Richmond, 1984). The Edmonton Association for Children with Learning Disabilities (EACLD) has prepared a descriptive outline of possible stages. It must be acknowledged that all parents are different in their reactions to the diagnosis. While many parents experience some, if not all of these stages, they are not assumed to be definitive, nor do all parents spend the same time in each stage or go through them in the order they are presented. Utilizing the EACLD publication, these stages are briefly paraphrased.

1. Denial -- when parents first realize their child has a learning disability they experience shock. They often deny the disability by shopping around for another diagnosis, doubting the tests, or convincing themselves the child will outgrow it.
2. Isolation/alienation -- during this stage, parents feel alienated from educators because

they do not understand what has gone wrong in their child's learning processes. They also know that their child has been tested, but often they are not informed about the results of those tests. Further, parents feel they are losing control of how their child is to be educated. General public ignorance about LD causes parents to feel isolated and alone in their dilemma.

3. Anger -- often parents express their hurt, pain and disappointment about the disability through anger. Professionals are not exempt from being the target of this anger. This is actually a time when parents need support and assistance from those who are targets of their anger.

4. Bargaining and Guilt -- the parents, and especially the mother may feel that they have caused the learning disability in the child, resulting in a guilt response. They resort to self-blame for any failing which can be remembered. It is important for educators to assist parents by assuring them that they did not cause the learning disability.

5. Depression and Mourning -- the parents progressively come to realize that the LD has placed restrictions upon the development of their child's academic achievement. They begin to feel helpless as they watch their child lose scholastic battles, and become depressed at the prospect of their child never mastering the basic skills.

6. Acceptance -- the child and his/her parents develop a realistic view of the weaknesses of the child. They are also beginning to identify the child's strengths, and help their child develop other interests.

Glimps (1984) has suggested that acceptance is never really achieved by these families. Willette (1987), a mother of two handicapped boys, strongly denied the probability of acceptance. She suggested that adjustment, rather than acceptance, was an appropriate final stage.

Parents of Learning Disabled Children

To a great degree, the literature describing parental reaction and affective states with regard to the handicapping condition has been conducted on mothers (Gallagher, et al., 1983). Systems theorists, in particular, have explored the mother-child relationship in learning disabled families. Kaslow (cited in Amerikaner and Omizo, 1984) found that mothers tended to be over-involved with their LD children, while fathers played a more distant and detached role. Werner and Smith (cited in Amerikaner and Omizo, 1984, p.540) found mothers of LD children to be "erratic, careless, indifferent and worrisome"; Goldman and Barclay reported these mothers to be less encouraging and supportive of their LD children (cited in Amerikaner and Omizo1984). A study conducted by Humphries and Baumann, (1980) found that mothers of LD children were more controlling, but less hostile and rejecting of their children than mothers of normal achievers. Humphries and Baumann, (1980) postulated that these mothers were more controlling because they perceived a need to provide their LD children with a structured environment.

Fewer studies have been completed on fathers of handicapped children, however, some of those which have been conducted suggest that father-absence has significantly adverse affects on the cognitive development of the child (Shinn, cited in Whitford, Chapman and Boersma, 1982). Whitford, et al.(1982) further suggested that if one parent is absent, it is more likely to be the father, and that the absence of the natural father was significantly more prominent in LD families than those of normal achievers. This finding is not surprising in light of the increased stress placed upon marital dyads of parents of LD and other handicapped children.

Price-Bonham and Addison (cited in Glimps, 1984) found that there were increased rates of divorce and suicide among parents of mentally handicapped children. Gallagher, et al. (1983) listed a number of studies which found increased marital conflict in families of LD and other handicapped children. Conversely, Freidrich, Wilturner and Cohen (1985) have found that marital satisfaction was the single best resource for coping. As well, Gallagher, Cross and Scharfman (cited in Gallagher, et al., 1983), found sources of strength for parents of handicapped children to be the "personal characteristics of the parents and the quality of the husband-wife relationship" (p. 15).

Siblings of Learning Disabled Children

Siblings of learning disabled children experience loss of parent attention (Faerstein, 1981) as the disabled child requires more attention. Silver (1974) reported that often siblings are given scant information with regard to their brother's/sister's disability. Siblings who are not informed are subject to worry and anxiety concerning the health of the LD child when he/she begins to receive special help and attention (Silver, 1974). After initial reaction to the handicapping condition has subsided, siblings often become jealous of the extra parental attention the LD child receives. In an effort to compensate for the disability, parents may unwittingly create double standards for the LD child and their non-LD children. Siblings often become angry, and fight with the LD child when this occurs; another temptation of parents and siblings is to use the child as a scapegoat for problems (Silver, 1974). Gallagher, et al. (1983) reported on several studies which suggested that various sibling attitudes either contributed support to the parents or were sources of additional stress.

Families of Learning Disabled Children

A study conducted by Klebanoff (cited in Faerstein, 1981) on mentally handicapped families, found that the "family role is probably more important than the professional diagnosis in defining the child as a handicapped individual" (p.421). It is the family that plays a central role in the adjustment of the handicapped child. Just as the family definition of the problem is important to adjustment, so too the emotional climate as conveyed by parental attitudes and perceptions, is important to learning (Whitford, et al., 1982).

In a review of the literature on the sources of stress in handicapped families, Gallagher, Beckman and Cross (1983) determined that socioeconomic status of the family played a significant role in patterns of family interaction, and consequently the parental strategies for interaction with the child. Reisinger, Ora, and Frangia (cited in Gallagher, et al., 1983) found that lower-class families responded less enthusiastically to intervention programming than did middle-class families. Financial burdens are reportedly increased for parents of handicapped children, as they discover the need for special programs, medical treatment and equipment (Gallagher,et al., 1983).

In addition to financial difficulties, the characteristics of the handicapped child have been suggested as possible sources of stress. The category of disability, the age of the child, the child's particular temperament, and the care-giving demands upon the caregiver were all reported as sources of stress (Gallagher,et al., 1983).

Conversely, in a study of mothers with very severely disabled children, Bradshaw and Lawton (1978) found that variations in the level of stress were not related to the characteristics of the disabled child, nor to the social or economic circumstances of the family but to the personal and physiological characteristics of the mother. Levinson

(cited in Faerstein, 1981) studied methods of coping with a mentally retarded child and concluded that an individual's or family's ability to cope with stress is largely determined by personal resources and internal coping skills.

Overall, the interaction within an LD family is significantly different from that of a nonLD family (Amerikaner and Omizo, 1984). This is not surprising, since the LD family experiences increased stress. These "stresses and heightened emotional involvement necessitate a different structure" in the LD family (Hall and Richmond, 1984, p. 185).

LEARNING DISABILITIES AND SYSTEMS THEORY

A recent move in the literature is toward a systems understanding of the family as opposed to focusing attention on individuals, dyads or intrapsychic behavior (Fish and Jain, 1985). In a study on the minimal brain dysfunction (MBD) child, Barsch reasoned that "the child is a social being, and a full understanding of the problem is dependent upon the social context in which the child lives" (cited in Faerstein, 1981, p.421). Anderson's work supported this reasoning when he suggested that a child's problems "must be viewed in the context of mutually developed and maintained patterns of parent-child interaction" (cited in Fish and Jain, 1985, p. 592).

The most appropriate model for including contextual surroundings and parent-child interaction is that offered by systems theory. A systems model assumes that every action is also a reaction (circular causality) and that the same origin may lead to different outcomes (equifinality), that is, each person responds differently to the same crises (Fish and Jain, 1985). According to systems theory, "the family is a living system with interconnected parts. A change, stress or dysfunction in one part of the system is

assumed to reverberate through and affect all other parts of the system" (Fish and Jain, 1985, p. 592).

A further assumption of this model is that any kind of handicapping condition will add extra stress to the family system requiring that it change to accommodate the cause of that stress, which is, in this case, a learning disability. If this added stress in not coped with by the family system, "the exacerbation and perpetuation of a dysfunction in a member can be one of the possible consequences" (Fish and Jain, 1985, p.592).

This brief outline of systems theory demonstrates the importance of understanding and working with the family as a unit. Faerstein (1981) concluded her review of the literature on stress and coping in families of learning disabled children with the following remarks: "We cannot fully help families with LD children until we learn from them how they experience the problem at home, in the community, and within the medical setting" (p. 423).

Summary

As can be seen from this literature review, the field of learning disabilities has passed through a number of transitions throughout its history. This progression in research, and in understanding, has led to the present status of this field within education. However, the meaning of "learning disability" remains shrouded in ambiguity. Much confusion exists with regard to what characteristics define LD, and what actually causes LD. As well, there is much controversy in the areas of diagnosis, assessment, and remediation, over appropriateness of technique and/or strategy.

Despite this ambiguity and consequent controversy, learning disability researchers have continued to provide increasing information in the area. While the bulk of the

literature has centered around such topics as causes, characteristics, and remediation, there appears to be a developing interest in the LD family, its contributions and concerns. Educators are beginning to recognize the importance of including the family, and especially the parents, in the remediation process. It becomes especially important then, to understand the concerns of families with learning disabled children.

The focus of this thesis then, will be upon how LD families experience the learning disability whether it be at home, within the school setting or the community. Other areas may receive attention but will not be central to the ensuing discussion.

CHAPTER THREE

Methodology

The preceding literature review found that there was very little information available on the experiences of the learning disabled family. The bulk of research has been focused on families with a mentally handicapped, physically disabled, or chronically ill member. It is the purpose of the present study to gain understanding, using a qualitative approach, of the lived experiences of LD families, through the eyes of the parents

Recently, traditional quantitative methods of research so prominent in psychology have come under serious scrutiny (Colaizzi, 1978; Giorgi, 1975; Kruger, 1981). The practise of quantifying human behavior and its concomitant purposes of control and prediction are being questioned by more than a few. While the focus of the tradition-bound experimental method is placed upon cause and effect, Kruger (1981) has argued that "meaning cannot be elicited from a causal account" (p.180) and that it is impossible for human reality to be disclosed through operations of measurement in the same manner as "the profiles of physical reality are being disclosed by the methods of the natural sciences" (p.190). Colaizzi (1978) criticized the experimental method when he explained that

> Only following an experimental paradigm -- ... is it necessary to invoke a phenomenon in order to investigate it. To conduct an experiment is to disclose the relationship between independent and dependent variables, preferably a causal or at least a functional relationship; and this in order to discover the cause of an investigated phenomenon, or at least those variables that influence it in order, in turn,

to cause or influence it. Thus, experimental research is motivated by technology in aiming at influencing or causing or controlling or dominating the subject matter of research. (p.57)

In an effort to avoid a controlling, causal paradigm, alternatives to the traditional methods are being offered by qualitative researchers. Such approaches to research have historically been utilized by the disciplines of anthropology and sociology.

In general, qualitative researchers are interested in how people make sense out of their lives; they focus on description rather than explanation; and on process rather than product. Rather than using an artificial laboratory for their studies, qualitative researchers prefer the natural settings, which they consider to be a direct source of data (Bogdan & Biklen, 1982).

One form of qualititative research is that of phenomenology. While embracing those qualitative standards described above, phenomenological researchers seek to derive a meaningful understanding of human experience and interaction in particular situations (Bogdan & Biklen, 1982). According to phenomenologists, a scientific conception of the human being cannot be substituted for how that human being encounters every day life. The task of psychology is not the manipulation of data, but the study of human existence and how people live out their lives (Kruger, 1981).

It is the opinion of this writer that the experimental methods employed in human science have generated much in the way of valuable information. And further, that, phenomenological research can enhance that information, and generate its own, by seeking to understand the "world-view of a concrete, living subject" (p.102) and his/her daily living experiences (Giorgi, 1975).

This thesis is an attempt to understand and enter the world of the parents of LD

children, utilizing aspects of a phenomenological methodology, to accept their statements as important and valuable data in understanding their struggles, burdens, concerns, and joys. While quantitative instruments are important and provide professionals with usable information, there remains an imbalance of knowledge when qualitative measures are excluded from the task. Somewhat analogous to the medical doctor who prods, pokes and diagnoses his/her patient without asking the patient what is wrong, so too is the researcher who relies exclusively on quantitative measures to understand a human phenomena.

Determining the Sample

Kruger (1981) has listed three conditions which must be met in choosing subjects for a qualitative study: (1) the interviewer and interviewees should be fluent in the same home-language; (2) the average subject should express a willingness to participate in the study and discuss matters freely and openly; and (3) subjects should be relatively naive with regard to psychological theory. These conditions appear to have been met in the thesis sample.

Edmonton families with LD children were identified with the help of a local teacher. Given the limited research presently available on this topic, criteria for the sample were minimal; it was not sufficient for LD to be suspected, the child had to have been diagnosed or otherwise acknowledged as learning disabled by a school administrator, psychologist or teacher.

Demographics of the Sample

Eight families of LD children were interviewed. The term "families" is used loosely,

as this study focused on the family through parent interviews. In six of the families, the parents were still married and had not experienced divorce. In the two remaining families, one mother had been divorced from the natural father of the children, and has since remarried, and the other mother is divorced. Two of the families have more than one LD child. The six remaining families have one LD child, five of which are boys, while only one is a girl. All families, except one, have more than one child. All of the parents ages lie within the range of 30 to 50 years.

Of the married families, four interviews were conducted in the presence of both parents, while the remaining four interviews were conducted with only the mother present. The families reside in different areas in Edmonton. All parents were interviewed in their homes, except two who were interviewed at their place of work.

None of the children were physically disabled, though some experienced difficulty with fine motor coordination. One child had just graduated from high school, one was going into grade ten, one into grade nine, while the rest were still in Junior High. The children's ages varied from nine to eighteen. School locations varied throughout the city. Resource room experience varied for each child; some were placed in a resource room all day long, while others were so placed for several hours during the day. One child would be entering the main stream in the fall of the year during which the study was done.

Data Collection

Subjects were contacted by a teacher who was aware of a number of families with LD children, and asked if they would be willing to participate in a thesis project. Once this was accomplished, the researcher acquired the list and made contact with the subjects at a later date. All of the subjects contacted, except one who was quite busy, agreed to

participate and a time was immediately arranged when the researcher could meet them in their homes or workplace. Signed permission to tape record (see Appendix A) the interview was usually obtained at this time. Some parents hesitated on this until it was explained that the interview was completely confidential. Upon arrival at the home, or workplace, the subjects were again informed of the confidentiality of the interview, and that the level of information to be divulged was completely up to their discretion. Only one parent appeared conscious of the taping during the interview, but this was only until rapport was established.

Interviews were introduced to the parents with a statement to the effect that they (the parents) were the teacher(s) and the researcher was the student; this was their story, and the researcher wanted to learn about it. Deviating from a strict phenomenological approach, the interviews followed a semi-structured format, similar to that adopted by Wilgosh (1985). The researcher attempted to facilitate discussion in the following areas in an effort to obtain a comprehensive picture of family life:

1. Biographical Data
2. Education
3. Future Plans of, or for,the LD Child)
4. Family Adjustment
5. Community Adjustment
6. Personal Adjustment of child

The interviewer usually gave the parents a focal point at the beginning of the session, such as the topics of biographical data and educational experience. After this initial help, parents were often capable of "telling their story" with very little guidance.

Length of interviews varied from 45 to 120 minutes. All were taped. There were

minimal interruptions during all the interviews, with at least one occurring per session. Children were typically not present at the interview, although one LD child sat in the room for approximately 25 minutes during one of the interviews. This did not appear to hamper the interview in any way, and the child occasionally joined in the discussion. All of the tapes were then transcribed for ease of analysis.

Analysis of Data

The steps of analysis which were applied included elements suggested by Colaizzi (1978), Giorgio (1975), and Kruger (1981).

Step 1. The initial stages of data analysis began with the researcher transcribing all of the interviews from the tapes to paper. In so doing it was often necessary to listen to statements several times before the typing was accurate. This step re-familiarized the researcher with both the tone and content of the interviews.

Step 2: consisted of reading over those interviews (protocols) which had not been most recently transcribed to re-familiarize the researcher with their content, and in an effort to get a "feel" for them. Kruger (1981) has referred to this as getting an "intuitive holistic grasp of the data" (p. 128).

Step 3: involved the identification of significant statements (Colaizzi, 1978) or Natural Meaning Units (NMU) from each of the protocols. NMU's are described by Kruger (1981) as statements by the subject which spontaneously emerge from the data. These statements are described as "self-definable and self-delimiting" (p.128). This extraction was to be done without yet taking into account the purpose of the study (Giorgio, 1975).

Step 4: involved the "cutting and pasting" of these significant statements onto 5 x 7

file cards. The cards were then color coded according to family, and the theme of the statement.

Step 5: was the organizing and clustering of the cards into stacks according to their theme. Once this was completed each stack was rechecked in an effort to insure that the statements and themes were consistent with one another. While this action moves beyond the protocols, the connection between the protocol and the statement of meaning should never be severed (Colaizzi, 1978).

Step 6: After this was completed, the researcher counted the number of families in each theme stack, eliminating those stacks representing less than four of the families. This criterion was decided upon at the discretion of the researcher, who was guarding against over-generalization of less dominant themes. Upon review, it was determined that very little information was actually eliminated. All of the statements were then typed out under their theme heading and subjected to yet another analytic review for accuracy and suitability.

Step 7: The themes were then organized and validated by going back to the protocols to verify context.

Step 8. Once step 7 had been completed, the themes were brought together to form the descriptive statements (Giorgi, 1975) which appear in chapter four of this thesis.

CHAPTER FOUR

Results

Chapter Three discussed the methodology employed in the research, the characteristics of the sample, the collection of data, and the methods for data analysis. In this chapter the results of that data analysis will be presented. The main theme headings are: active parental involvement in the child's education, parents in relationship with the school, support for the parents, social concerns for the LD child, concerns about the future for the LD child, emotional strains of parenting an LD child, family life, and siblings. In cases where a theme possesses subthemes, the theme itself will be described by those subthemes rather than receiving its own description. It should be noted that in what follows, the numbering of each family was arbitrary and for the purposes of easy identification. (See Appendix B for a table of themes and family frequencies for each theme.)

Theme I: Parental Involvement in the Child's Education

A consistent theme emerging from the transcripts was that of active parental involvement in the LD child's educational experience. This involvement takes a variety of forms resulting in various parental roles. These roles include that of teacher, advocate, learner and "philosopher". A fifth role, that of stimulator of the educational system, also emerges from the interviews. This role may be better described as a "forced" role in that the parents do not believe it is their primary responsibility, but that of school personnel.

Theme 1A: Parent as Teacher

That such a role exists in the home is attested to by all eight of the families. Family 1 illustrated the need for such involvement when they said: "...as a parent of a learning disabled child, if you're not willing and have the ability as well, to help them at home with their work, they're not going to make the same gains as a child whose parents can and do". That each of the other parents interviewed held a similar belief was demonstrated by their participation in such a role. Such participation is time consuming and often results in frustration for both the child and the parent. Mother 3 commented that she had spent quite a bit of time one summer working with her daughter, and that it "drove (her) about nuts". A major reason for this frustration appears to stem from the fact that frequent repitition is often required in teaching LD children. Mother 6 described her experience in this manner: "...(he) knew all his math 100% at night and in the morning before he even left for school it was gone. Every day... so (Dad) used to sit down with him every night...and (they) went through the whole process and learned them all again". Mother 7 stated her frustration as a result of being engaged in a demanding career during the day, after which she would come home to the difficult task of teaching her children.

Frustration can also arise when the child is experiencing negative emotions with regard to his schooling. Mother 8 stated that "(a)t this point we were going through tirades at night. Doing homework at night was incredibly difficult, my husband and I took turns and it was screaming, fighting,... he hated homework. And we hated working with him".

Collectively speaking then, these parents describe their role as teacher as one which includes commitment, ability, frustration, perseverance and time. For the most part, these parents recognized a need to be involved at home with their child's remediation.

What is clear is that such additional burdens can be both stress-producing and time consuming for families with LD children.

Theme 1B: Parent as Advocate

Parental advocacy takes a variety of forms and includes interactions with teachers, principals, administrators, and school board officials. These interactions are described as being both positive and negative in nature. However, a majority of the comments and the tenor of several of the interviews made evident the frustration some of these parents have experienced in this role. All eight of the parents have advocated in one form or another, on behalf of their LD children.

Advocating can be an emotional experience for parents as they come to realize that very often it is their voice which plays a major role in determining what happens to their child. Father 5 illustrated such responsibility in this way: "I do think it's important if an individual has a child who has a problem like this that (he or she) (has) to get involved in the life of the school, if (he/she) (doesn't) I don't think there's much hope for the child... without that I don't think the child has a good chance at surviving the system".

Family 1 spent most of one summer wondering what was going to happen to their son in the fall. Mother 1 stated that " ... the waiting and the wondering, and trying to deal with the beauracratic nonsense" while waiting to hear the school board's decision about her son's placement, "was just about all (she) could handle"; she stated that she wrote numerous letters and made numerous phone calls in an attempt to get some action. "Finally, ...in June, I was in tears every second day, I thought, I am going to lose this child, he is going to become lost in the system and he'll just never grow up and be an ...educated adult, and I wasn't prepared to let that happen".

Mother 2 became so desperate to be heard that she threatened administrators that she would go to a local newspaper if something was not done to change her child's situation.

In one manner or another, seven of the eight families interviewed demonstrated a high level of perseverance in advocating. This attitude is summed up well by Mother 8 "you have to keep pushing, ... you have to trust how you feel and if you're not getting the right answers, then you keep going until you feel you are, but you can't let yourself get shut down or put down, and that's the tough part, because it gets to a point where you're all by yourself".

A majority of the advocating types of statements made by these parents throughout the interviews suggested a certain level of frustration with school and school board personnel. While there were exceptions, many of the parents described their advocating experiences with words like: battle, fight, anger, and frustration. As with their role as teacher, these parents appear to believe that advocating for their child is a most necessary task.

Theme 1C: Parent as "Philosopher"

It was noticed that underlying many of these parents' interactions with, and advocacies for, their LD children is a certain philosophy which helps them to persevere and support their child. For example, Mother 1 stated that her attitude to both her LD son and her nonLD daughter was "...there's nothing you can't do, if you want it badly enough". Five of the eight parents mentioned such a system of belief.

Father 5 directly stated the possibility that he and his wife may be "different than most people in this society. We don't expect a perfect life nor do we expect perfect children. We accept imperfections, we expect them, and that is part of life, life is not perfect".

Such an outook on life should not only encourage the child towards self-acceptance, but is reflective of the parents ability to cope as well.

Overall, the philosophy espoused by many of these parents is summed up in Mother 7's statement: "I suppose to a degree I'm not a quitter and unless you've given it your best shot you don't quit". Throughout the interviews it became clear that these parents were not "quitters". While five of the parents specifically mentioned such an attitude in one way or another, all eight implied perseverance by their words and actions.

Theme 1D: Parent as Learner

While the exact nature of learning disablities remains elusive, and professionals remain uncertain of incipient cause(s) and cure(s), parents must to some degree find a way to satisfy their questions and curiosities about the same. Four of the eight parents interviewed expressed their initial lack of knowledge about learning disablilities. Mother 3 explained that "...at that point, (of diagnosis) I was totally unfamiliar with the concept of learning disability or even the fact that some people don't see things the same way that (I) do". Mother 4 went to the public library, local board of health clinic, and the school counsellor in an effort to learn about her son's disability.

Generally speaking, the reality of learning disabilities is still rising to a level of general awareness. Several years ago there was much less information available on the topic, a fact mentioned by Mother 7: "...(s)o then I had to do some reading and find out exactly, you know, what they're talking about and really there (was) not that much on it you know at that time ...they were just learning about it too..."

Overall, parents whose children are diagnosed as learning disabled must come to that awareness quickly in an effort to understand their children, help them cope, advocate for

them, and teach them. Such effort is often time consuming, and many of these parents' questions remain unanswered.

Theme 1E: Parents As Stimulators of the System

While parents have generally viewed the school, it's teachers, administrators, and board, as guardians of their child's education, some of these parents have expressed disappointment that the "system" has largely ignored their LD child's problem and consequent needs. Seven of the eight parents expressed frustration that, to a large degree, it was their advocacy and insistence, as opposed to the school's, which facilitated help for their child. Mother 4 clearly illustrated such frustration when she stated "we feel as parents we shouldn't have to do those kinds of things for the educators. We shouldn't have to be telling the educators, 'this is what should be going on'". Mother 1 described one of her advocating experiences in this way:

> I started with the chairman of the board of trustees and told (him/her) exactly the run-around I had been getting from all the various ... people and named names and I was really irate and I told (him/her) I was not going to let our son become a victim of the system...it made us both really angry that one should have had to do that to make the system aware that they were lacking so sadly.

That fear that her child might also become a "victim" of the system was illustrated by Mother 2: "...This school system is not going to destroy my kid, he's fought too hard for everything he's got", stating further that, "if the parents survive the system, it's a ... miracle".

Mother 8 stated that had she not been "fairly assertive (and) fairly comfortable in the system", she "would never have persevered to the extent that (she) did" because the

teacher and administrators made clear to her their opinion that it was a parenting problem at home as opposed to a learning difficulty at school.

A consistent theme in these parents' statements is that of frustration and dismay towards a system that either did not detect their child's problem or did not respond to it without parental advocacy.

Theme 2: Parents in Relationship with the School

Throughout the interviews, parents described some teachers as being helpful, supportive, and flexible. They described others as uncooperative, inflexible, and uninformed about learning disabilities. For the sake of clarity, the more positive descriptions will be surveyed, followed by the negative.

Theme 2A: Positive Experiences with School Personnel

Each of the families identified at least one positive experience in their dealings with school personnel. The comments centered around teacher-to-parent communication, teacher acceptance of the disability, and teacher-parent cooperation. Mother 1 described the principal and the teachers at her son's elementary school as "basically excellent... they all knew there was something not right and they did their best with the resources at hand...". Another teacher gave the children an opportunity to write a diary and share some of their thoughts with her, a practise which Mother 2 described as a "tremendous" thing.

Other positives include the teachers' acceptance of the learning disability, and consequent adjustments to the child, such as fewer spelling words, or less homework.

Mother 7 described one of her son's teachers as "excellent" and gave the following

explanation "... she was really good and she would phone me and say '(t)his is what's happened, and if (the son) says anything about it, this is why I've done it', which, you know, was good...".

Overall, Teachers who make an effort to understand the limitations of the child's disability, accept it's existence, and communicate with the home, are described in positive terms by these parents.

Theme 2B: Negative Experiences with School Personnel

While the parents expressed appreciation for the teachers and principals who were helpful and supportive, they also experienced frustration and anger with those who were inflexible, sometimes cruel, unsupportive and disbelieving of the parent about the child's disability. Seven of the eight families reported such negative experiences.

One of the experiences related by Mother 2, concerning her son was "he had a man teacher who gave the kids 22 spelling words in Language Arts and (her son) would often get 21 wrong. This teacher would pick him up by the shirt and say to the other 32 kids "want to end up like (him)?". When the mother confronted the teacher with his/her poor behavior, he/she responded patronizingly, saying she could trust him/her that he/she knew how to handle her son. While this is an extreme example of a negative experience with a teacher, it is nevertheless reported to have occurred.

Other families found that some teachers could be very inflexible in curriculum and student expectations. "...(I) can't say they ever treated us like we were dimwits, but it's like talking to a wall, you know..." Dad: "...(T)hey stick to their system. They stick to their system". Mom: "It's very inflexible" (Family 3). Lack of program flexiblity was a complaint of Family 6 as well.

A problem which faced Family 5 was that "...the teacher had not accepted the fact that (the son) had a problem, it's just that he was a problem to them... his teacher insisted that he was just lazy and uncooperative". One of the teachers that Mother 8 dealt with was adamant that there was no learning problem and that if there was a problem, it was because the mother was putting too much pressure on the child. Because the teacher would not listen, the mother was eventually forced to secure a tutor for her son.

Another teacher (Family 7) did not follow the recommendations of the bureau team and "... by the end of grade two (the son) was just completely destroyed".

While one teacher went to the extreme of openly insulting a child, most negative experiences occurred where teachers either did not accept the learning disability, or made no apparent effort to understand it and adapt their tuition to the needs of the child.

Theme 3: Support for the Parents

Because raising an LD child can, at times, be both physically and emotionally exhausting, it is important for parents to have support from a source outside themselves, whether it be their spouse, another family member, a friend, teacher, administrator, or professional organization. The critical issue is that these parents need support. While there were a number of statements indicating such support, there were also statements indicating a lack of support on the part of family members, school personnel and others. Both positive and negative experiences were illustrated in the interviews.

Also inherent in this issue is the relationship the parents have with institutional sources of support such as the school board, and to a lesser extent, the government. Therefore, statements with regard to institutional sources are included as well.

Theme 3A: Positive Experiences of Support

All eight of the parents interviewed made reference to at least one source of support, whether it be in a professional context or that offered by friends and/or family members. One of the more comprehensive statements of support was given by Family 4:

> Dad: "Well I guess that the support that we did run into...was the teachers themselves ..." Mom: "We also got support from, or at least I did, from the (Association) . And we got support for each other by going to the various conferences and meetings and seminars and things that the (Association) sponsored... it was self-education that helped us...".

Several parents have received support through a local association where they are able to attend the meetings and talk with parents in similar circumstances "...you can talk to anybody, you know, (because practically all of them) have gone ....through some of the (same) difficulties (that) I have..." (Family 3), and by attending the lectures and conferences arranged by the association.

Another source of support, for some of these parents, has been principals and teachers. Father 5 remarked that "principals in particular have been very good". Similarily, Father 1 stated that he and his wife "could always go over and talk to the principal and he'd find some little...avenue that we hadn't tried, and you know, some suggestions on which way to go and he was excellent ". Another source of support for these parents, according to Father 4 , was the "teachers themselves". Mother 7 commented that "if anybody is support Mrs. Teacher has been...in saying 'you have the right to go after the school board for these kids getting an education' and things like that...".

Finally, Family 6 unequivocally stated that their main source of support, and just

about their only source of support, was one another. Illustrating how important she felt the marital dyad was, Mother 6 stated that she does not know "how anybody raises these kids without having two parents". Although these particular parents were the only ones who stated so succinctly that their support was one another,... other statements made throughout the interviews indicated that at least four of the six married parents mentioned providing support for one another. Most of the parents interviewed received support from several sources while others were fortunate to even occasionally experience support from one source.

Theme 3B: Nonsupportive Experiences

Four of the families experienced a lack of support from family members and/or school personnel in their struggle to obtain adequate education and treatment for their child. Mother 2 experienced rejection from both her husband and her mother. "I decided that he needed help, that something was wrong and he needed help, and my husband didn't want any part of that... my mother was very angry at me that I would get speech therapy for my son, 'do you want everybody to know there's something wrong in your family?' ".

Besides a lack of family support, parents often face the difficult task of convincing school personnel that their child has a problem. Father 5 contended that "The school generally, I would say, was trying to ignore the problem, to push him through and get him out. His grade three teacher was the one who was concerned, but aside from that no other teacher at that stage was concerned at all, and if it had not been for (friend), I don't know what we would have done".

Mother 7 felt that the "system" just "passed off" her son's problem as being "(his)

problem", to which her response was "well I know it's (his) problem, but you're not helping at all".

Mother 8 explained "I knew something wasn't right, but I never had a teacher say to me "you're right, something's not right, I don't know what it is, but something's not right... (M)y husband finally said "just lay off it, you're making the problem" and I did lay off for three or four years thinking it was what we were doing at home, that we were probably not doing a good enough job of parenting, and that's why we were having so many problems".

Theme 3C: Institutional Support System

Institutional support is that offered by institutions such as the school board and the government. Six of the eight parents expressed their awareness of and dissatisfaction with the school board, it's budget, lack of control with regard to how funding monies are used in the school, and with lack of government financial support. Family 1 had contrasting experiences with the school board. While on the one hand they have disagreed with some of the administrative decisions and "run-around", they were highly complimentary of the board's implementation of a special schooling project for LD children in junior high. Mother 2 was less complimentary of the school board in all of the areas that she mentioned, stating as one of her frustrations that "they claim that they have equally good programs (and they don't!)".

A concern of family 3 and family 7 is stated well by Mother 3 "... although the funding is tied to (the daughter) and will go to whichever school she's going- when she's at the school, we have no control over the money as to how it's going to be spent".

Monies available are of great concern to parents of LD children. Without funding

their child will not receive special tuition and without special tuition the children, in many cases, do not succeed in school. Even with funding, parents have realized very little influence over how those monies are to be used to benefit their child within the school.

Theme 4: Social Concerns for the Learning Disabled Child

Because these children are in special classes throughout the school day, receive special individualized instruction, attend school in other neighborhoods, or feel embarassed about their disability, they are generally more limited in their exposure to a wide number of their peers. Five of the parents expressed such social concerns for their LD child.

Mother 2 said of her child that "he refused to go near children his age, because he felt embarrassed about himself and ashamed... he's just begun to get a little bit better, but he doesn't pick up social cues". Mother 8 described her son's situation: " ...(f)or two years in a row he's (gone to school) outside of our neighborhood, so those friendships that he had in the neighborhood (have) sort of died as kids make stronger bonds with kids at school and he's not part of that".

As well, the problem of limited peer exposure is only increased for LD girls in specialized classrooms as the majority of the learning disabled children tend to be boys. This limits the amount of female-to-female interaction for many girls and is a cause for concern amongst several parents. This dilemma is illustrated by both of the mothers who have LD daughters. For example, Mother 3 stated that " ...there wasn't a single girl in there, so she would have been the only girl" and Mother 7 observed about her daughter's class that "the majority of them are boys so she's got a special problem too in that, you know, she really doesn't associate that much with little girls...".

Theme 5: Concerns About the Future for the Learning Disabled Child

Depending on the nature and severity of their disability, some LD children face an uncertain future in the career world and in life in general. Four of the parents expressed concern for their child's future, in that the odds are in many ways stacked against them before they finish their schooling.

One of the concerns expressed by Mother 3 is that as her daughter grows older "expectations of what she should be able to do and what she can actually do" will become "greater and greater". Mother 4 confided that she finds it difficult "to understand how (her son) can manage in this world, (when) he substitutes words and he puts in his own".

Mother 7 stated her frustration in this area in a way that provides an accurate assessment of many of the parents' feelings toward their LD child. "...(I)t's frustrating in that ...you know they can do so many other things, and you know the intelligence is there, but when it comes to book learning it's you know- and yet in today's world you have to have the book learning or you go no place, you know".

Several of the parents expressed their desire that their child would eventually be successful enough in his/her educational endeavors to have the option of attending University. This option, however, is one which requires commitment on the part of both the child and the parent. Mother 8 explained that she and her husband were very conscious of the fact that their son may not be able to attend a regular university, "...he may just not be able to get into (university) and do a regular program, so -- in terms of our own financial planning -- we are putting away money to allow for him to go perhaps to a special university...".

Not only is it necessary for these parents to concern themselves with the child's

present level of functioning, but they must also keep one eye open to the future, because they know that these children will soon become adults in a basically unforgiving public domain. While their present concern is to see that their child is educated, these parents are aware that if they fail in this arena, the limited possibilities available for their child in the future, become increasingly more and more limited.

Theme 6: Emotional Strains of Parenting Learning Disabled Children

In view of the demands and added responsibilities placed upon parents of LD children who are committed to doing their best for their children, it is important to recognize that these demands as well as the experiences of the LD child, can drain parents both emotionally and physically. These parents have to adjust themselves emotionally to the disability at the same time that they must deal with the responses of their LD child, other family members, school personnel, and the general public. Five subthemes emerged in these emotion-laden areas. These include the assessment process, the self-esteem and name calling of the LD child, the invalidation of the parents' opinion by professionals and the emotional pain such a disability brings to the parent.

Theme 6A: Assessment as a Diagnostic Tool

Six of the parents mentioned physical testing as part of their life with an LD child. Once the child demonstrated problems in school, such testing became a necessary practise to assist in determining whether or not anything was physically amiss with their child. For these parents, these experiences have ranged from the traumatic to the hopeful. Mother 1 described their experience as being very emotional.

(T)hey'd test him for this and they'd test him for that and say 'we think he might

have CF, bash us off to the hospital to get him tested for CF and then wait in absolute agony... (T)he results were four weeks waiting, and then they thought he might have MS, and off for that , hearing difficulties, and it was just a constant round of running to doctors and running to clinics and having tests done ...it was horrid.

Initial diagnostic assessments on the LD child, for four of the six mentioned families proved unsuccessful in determining the cause of the child's difficulty. Many of the assessments began with hearing and vision tests in an effort to rule out these more easily diagnosed disorders. For one mother, the problem had become so unmanageable that she was disappointed to discover that her son did not have a hearing problem; "we had his hearing tested twice, ... hearing was fine... and I was so disappointed because there we were back to square one, there was a problem, but nobody knew what it was". Although it may seem inappropriate for parents to wish that their child have a hearing or vision deficit, these parents come to a point where they become desperate to concretize the child's problem, so they at least can know what they are dealing with.

While several parents experienced the frustrations mentioned above, not all assessments were initially unsuccessful in ascertaining the child's difficulties. For example, Mother 6 took her son to a neurologist and "they ran a lot of neurological tests on him, and at that time Dr. Medical said that he was going to be a very difficult child to raise because he was 'wired very tightly' is kind of the term he used". The doctor was then able to give the parents information which helped them understand more about their son.

In many ways, the physical testing of these children becomes a "no win" situation. If no problems are uncovered, or diagnosed, the problem persists with no known cause. If a diagnosis is made, that usually means that the child has a physical deficit which must be

accommodated in some manner. While some families discover simple solutions, such as a child needing eye glasses, most children with learning difficulties are not so fortunate.

Theme 6B: Name Calling of the LD Child

Name-calling, fist fights, and coalitions are a normal experience for all types of children especially in the school setting. Parents, in general, are in a position which sometimes requires that they assist their children in regaining equilibrium after such occurrences. LD children have an additional strike against them in this area, as they are often differentiated as being "dumb" or "slow" as a result of their special programming or otherwise slow progress. Five of the eight parents interviewed mentioned such occurrences with their LD child. Mother 2 reported an incident in which she was walking with her son, when his only real friend joined another boy in teasing him that he was "dumb". When his mother commented on the friend's disloyalty, her son stopped her, explaining to her that he would keep that friend at all costs, because it was his only friend.

Mothers 4 and 8 said their sons were teased about being in the "dummy class" at school. Mother 3's daughter was teased about being in the wrong grade for her age. While Family 1's son was also teased by his peers, they related an unusual experience wherein a substitute teacher was guilty of insensitivity which bordered on irresponsible ignorance.

> He had one and only one, really bad experience with a teacher and that was in grade six, and it was a sub that was (in) our school for I think three months, very inexperienced, very young, and he/she unfortunately made a comment to some of (the son's) peers. Ah, the reference was to (the son's) inability in sports ...(the son) said

the teacher said this to two of (his) friends and peers 'don't worry about him, he's just a retard', and they came and told him.

In a similar vein, Mother 2 related an experience where a city bus driver "teased (her son) because he (couldn't) stand... up on a moving bus...(calling) him a 'dumb bell' ". This mother's angry response was "I wasn't planning to have to tell him about the idiot bus driver". Unfortunately for some of these children, it is not only their peers who target them with cruel comments but they are occasionally targeted by adults as well.

Theme 6C: The Self-Esteem of the LD Child

A general theme which predominated the interviews related directly to the child and the child's experiences as well as the parent's concern for the child. Seven of the eight parents interviewed demonstrated awareness of their LD children's feelings toward themselves, their lack of self-confidence or low level of self-esteem.

Mother 1 acknowledged that before her son began to experience school success in grade seven, he suffered from what she termed a "childhood depression". He was very angry much of the time and even went through a stage where he was physically abusive to his younger sister, a behavior which she described as uncharacteristic for him. Family 5 described their son as having improved in recent years, but that he "for a long time did not have a good self-image"; they cited his church youth group as being very helpful in this regard.

When her son was forced to repeat grade two, Mother 7 became rather desperate for her son's self-esteem and instructed his teacher that as far as she was concerned she "really (didn't) care what he learn(ed) this year, if he learn(ed) nothing more than to feel good about himself ...".

According to Mother 6, she and her husband made a "concerted effort" to build their son's self-esteem, "but there's been a lot of frustration ...(I)t's very hard to be retraining your kids to be thinking positively when they're always having negative experiences everyday at school". For the most part, these parents reported an increase over time, in the self-esteem of their LD children.

Theme 6D: Observed Struggles of the LD Child

In addition to the aforementioned roles and demands of parenting an LD child, the parents often observe and perceive their child's struggles and inward pain. Such knowledge can serve to increase the concerns of the already burdened parent. Five parents indicated such concerns.

For some LD children, normal accomplishments are impossible. For example, Family 1's son is not able to tie his shoes. His mother's response is "thank heaven for velcro". She further explained that

> he has lots of those sort of things that normal kids that just sort of breeze through you know, but everything is a struggle for him ...He's incredibly sensitive and his feelings are hurt very very easily, he's learning to cope with the ...embarrassment of being different... ...and as far as fitting in with the peer group, it just didn't work, and kids are so cruel to him".

Mother 2 described her son's reaction to his lack of success as depression and anger:

...I didn't know five year olds could become depressed but they can. So depressed in fact, and I didn't pick it up... ... life was absolute hell for him and nobody understood what ...was wrong. ...he painted in black, he was angry,... he was resisting every effort, none of the bribes worked.

Mother 3 related a stage her daughter went through where she always complained of a "tummy ache" or some other illness every morning before school because she did not want to go. One time after her teacher had phoned home during dinner, the daughter went to her room and was heard crying. When her father queried her about what was troubling her, her response was that 'every time I hear you talk about my LD, I just feel like going into a little hole and disappearing".

While still in an early grade in elementary school, Family 6's son became so upset with school that he ran away. He told his close friend that "he was going to run away to B.C. where he wouldn't have to go to school, ...he'd had it."

Unhappy with what she perceived as unnecessary pressure from the teacher, Mother 8 met with her son's teacher in an effort to voice her concerns, because her son was becoming "very upset about school". The mother stated that the teacher was very defensive about what was happening. "... I spent a lot of time trying to see that he was in the classroom with a teacher who was understanding, for he did a lot of crying in grades two and three".

Theme 6E: The Invalidated Parent

A theme which clearly emerged in five of the interviews deals with the parents distress and consternation over what they were either directly told by school personnel, or sensed in their interactions with them, as invalidation of opinion and/or recommendation. For example, a mother with a university degree made the following statement: "...nobody would believe me. You know, it was like 'you're the mother'. There wasn't a great deal of listening to what I had to say". Father 5 stated that before he and his wife were coached by another teacher on what questions they should ask, their

son's teachers did not listen to them;" we were just brushed off. The teacher was not interested". Such a practise as this suggests to parents that their opinion is unimportant and thereby limits communication between the parent and the "offending" party. Such invalidation also has emotional consequences and can be quite demeaning for the parent.

Mother 2 was angry over the response she believed herself to be given on numerous occasions. At one point, she dryly stated, "but then what do I know, I'm just the parent". She further explained her belief that "there is so much putting down of parents" and not enough emphasis on the fact that "parent's really know their kids...". Mother 8 agreed that parents should be listened to because she, in her many contacts with parents, is convinced that the parents know. In her own experience, she was told various times that the problem was not at school but at home, "you can only be told by the school system so many times that it's your problem as a parent and if you just changed what you were doing, things would be better, before you would begin to think that (too)".

Theme 6F: The Hurting Parent

Often, those outside the family system are unaware of the many inward struggles of these parents. All eight of the parents expressed this struggle in one form or another.

Mother 1 stated that it was a strain for her to know how difficult everything came for her son. "It hurt me as a Mom to have to watch my son struggle so hard for the littlest things, the littlest achievements". Mother 2 stated that "when they're hurting all the time and there's nothing you can do, ...you have to grieve... you have to admit to your feelings". Similarily, Mother 7 stated that "I think what hurts more is that you see your child being so frustrated and you hurt for (him), and you really don't know how to take that hurt away, because there is no easy answer for it..."

Mother 3 described herself as "devastated" after receiving the latest bureau team assessment report on her daughter's progress. Mother 4 struggled with "self-incrimination" and blame for her son's disability which her husband described as one of the "biggest obstacles" she had to overcome.

According to Mother 6, she did not want to accept the disability in her youngest son, because she had been through the struggle with another child in the family and she did not think she had the capacity or strength to survive another LD child.

While Mother 8 was in a position to accept the LD, she received very little support with her contention that her son had a problem. "The tension in the home was really bad...and all my friends said 'He's such a neat kid, he's such a nice boy, why are you having these problems with him?' Nobody understood."

Theme 7: The Effects on the Family

The presence of an LD child greatly impacts family dynamics as the demands upon the parents can be numerous and extremely time-consuming. For these parents the degree of impact appears to rest upon the nature and severity of the disability as well as the success or lack of success in remediation of the same.

Theme 7a: Family life

Five of the parents specifically mentioned ways in which the life of the family was affected. Mother 6 pointed out that because of the stresses of school, it was not until Christmas, Easter and summer holidays that she was able to see the "true personalities" of her LD children. "In our household the days that are school days have been frustrating for so many years I can't remember before they started what it (family life)

was like..". She further pointed out that it was difficult to distinguish between her children's school frustration and normal emotional problems. Both Mother 1 and Mother 6 felt that much time at home was involved in undoing the negative mind-sets their children seemed to acquire during their school day. Mother 1 described this process:

> The time involved at home undoing what...(is)...by and large inadvertently done, to get the mental set back and... at least the confidence to go back and try another day... hours of bolstering him up in the evening after... a devastating day, devastating to him, but perhaps just some little chance comment that someone had made during the day whether it was teachers or friends.

One way in which Family 2's life was affected by the LD was in the LD child's emotional pain and inconsistent behavior between home and school. Mother 2 used to try and explain to the teacher that her son was very depressed, but did so, according to her, to no avail. She explained that "(he) was a very angelic child in school. He used to come through that door and just sob. He would beg me on his knees not to go to school. And he would go to school and be a perfect doll, he'd do everything the teacher said,... he'd really try. He didn't sleep, he'd have nightmares. He went to school and he was an angel".

Mother 8 raised the issue that with her LD son, it was difficult to know "is this (behavior) because he's learning disabled, or is this because he's (a certain age)...and what things do we allow to happen and what things don't we? An uncertainty such as this can provide cause for much consternation on the part of such parents.

Overall, these parents spend a great deal of time working with their LD children, whether it be doing homework, rebuilding self-esteem, dealing with issues related to the LD or the "normal" issues and problems which all children usually experience.

Theme 7b: Siblings

Siblings of LD children must often come to terms with the fact that their parents are going to spend a lot of time and energy, and focus much of their attention on the child with the learning disability. Therefore, they often must learn to tolerate and accept the LD child's disability. Five of the eight parents interviewed specifically mentioned some effects of the impact of the disability upon siblings of the LD child. Several of the families mentioned the need to train their non-LD children to accept the disability and not to "pick" on their LD brother or sister. Mother 1 illustrates this point: "so she had to learn and be taught and shown that you don't dump on anybody, let alone your brother, because he's not a very good speller...". Mother 1 went on to state positive consequences of the disability in that their family has been provided an opportunity to accept differences among people. She further stated that "it's added to the strength of our family life,...the kids have got values in a lot of ways well beyond their years that will stay with them forever and I think that's great, I really do". Mother 7 indicated that both the oldest son and the father had to be taught, and not without frustration, that the two youngest (both LD) children were not able to do things the same way or with the same speed as they could and thereby needed to be shown more patience.

In her assessment of the relationship between her children, Mother 8 stated that she was grateful there were more than "a couple of years (age) difference" between her LD son and her non-LD daughter. This age differential allayed the mother's concern that her daughter "would have surpassed (the LD son) easily in grade one and two if there had only been a couple of years difference between them".

In conclusion, there are many factors influencing and affecting LD family interactions

and dynamics. Several parents were forced to take action with their non-LD children in the area of acceptance and toleration of the learning disability, as well as in the areas of sibling rivalry and competition.

Summary

In summary, it can be demonstrated from the data that these parents believe it is necessary to be involved in their LD child's education. These parents have adopted a number of different roles in their interactions with, and for their LD child(ren). The most consistent roles emerging from the interviews are those of teacher, advocate, and stimulator of the system. Each of these roles demands large amounts of the parents' time and energy.

In their relationship with the school, these parents described some educators as being very helpful and supportive, while others were described in a less positive light. They expressed a variety of frustrations and disappointments with more than a few educators.

Support was received from spouses, other family members, friends, the medical community, teachers, and school administrators. While the medical community was not specifically mentioned in this regard, nonsupportive experiences included these same groups of people.

Beyond the educational concerns for their LD child, these parents expressed concern for their LD child's social status, and his/her future.In the area of sociability, such factors as embarrassment, low self-esteem, and multiple school changes were cited by parents as contributing to their child's social difficulties.

With regard to the future, some of the families were concerned about their LD child's ability to compete in the job market, while others wanted their child to be able to attend

university. For a couple of the parents, their child's difficulty in mastering basic life skills such as identifying the correct bus, or remembering their telephone number in the proper sequence, provided cause for concern.

On a more personal level, these parents have experienced great stress in a variety of areas. For several parents, the assessment process was both physically and emotionally draining. As well, their own direct dealings with the LD child can be both energy and time consuming, as they have observed their child's struggles, and frustrations, listened to what names their child had been called that day, and tried to bolster their child's often damaged ego. In addition to these more personal stressors, the parents expressed their frustration at "not being heard" or "listened to" by a number of educators.

Finally, the families of these LD children can be clearly seen to have been greatly impacted by the presence of the LD child. For these parents, the main family issue appeared to be the amount of time involved in working with, and for the LD child(ren). Except for one family, the siblings of these particular LD children were described as accepting and supportive of the LD child, once the initial name calling and teasing was dealt with.

In conclusion, and as Faerstein (1981) has stated, "we cannot fully help families with LD children until we learn from them how they experience the problem..." (p.423) within various settings. It is clear from the findings of this thesis, that these families have experienced an accumulation of stressors, in both the educational sphere, and in their home life. For the families where there is only one parent, or both parents are working, these additional sources of stress can become overwhelming. To enhance a cooperative parent-professional relationship it is imperative that the educational, medical, and related professions, gain knowledge and understanding of such families.

CHAPTER FIVE

Discussion and Conclusions

In the previous chapter, the results of the interviews were clustered into themes and sub-themes. The main theme headings were: active parental involvement in the child's education, parents in relationship with the school, support for the parents, social concerns for the LD child, concerns about the future for the LD child, emotional strains of parenting an LD child, and effects on family life. This chapter will concern itself with the limitations of the study, effects of bracketing on the research process, integration of the findings with the reviewed literature, implications for future research, and recommendations.

Limitations of the Study

There are limitations inherent in any research, and this study is no exception. The limitations which exist in this study are: (1) the group of families selected may not be representative of the general population of LD families; (2) the interview format was semi-structured; (3) there was only one interview, with no follow-up interview; (4) the presence of the interviewer in the gathering of data; and (5) there was no control group consisting of a nonhandicapped family with which to compare results.

Although the families selected for this study were varied with regard to family "make-up" and membership, a common factor amongst the families emerged from the interviews. Each child had at least one parent who was willing to advocate for his/her child, and sometimes at great emotional and financial expense. While many other factors were diverse amongst these families, the one factor which remained consistent was their

commitment to their LD child's education and future.

A second set of limitations of this study are those which emerge from the utilization of a semi-structured interview format. One of these is the possibility of intervening variables between the interviewer and the subject. For example, the interviewer's intonation, wording and timing of questions, facial expressions, and responses to the interviewee's statements can all bias the information elicited throughout the interview. Also entering into such a discussion is the question of interviewee capabilities in the area of abstraction. Fully structured interviews require less free-thinking on the part of the interviewee thereby demanding less abstraction. It can be justifiably argued then, that less capable subjects will be at a disadvantage in semi-structured interviews, however, with these families, each of the parents interviewed appeared capable of the required levels of abstraction, though some interviews may have required more direction than others.

A third limitation of this study is that only one interview was conducted with each family. This reduces the amount of information capable of being given by these parents, and does not allow them time to reflect upon their statements and answers. As well, it limits the researcher to "first impressions" and removes the opportunity to clarify and enlarge upon the information previously obtained. It should be noted however, that the interviews which were conducted were quite exhaustive in terms of length and content, and were considered to be complete in themselves.

A fourth limitation is that of the interviewer herself. This will be discussed in some detail in the next section.

A final limitation of this thesis is in its replicability. Because the interviewer is an intervening factor between the subject and the information gathered, there is always a

question of whether or not the results could be replicated. It is the opinion of this researcher, however, that the probability of such replication is high, given the uniformity of the results amongst the parents, and in the themes.

The Effects of Bracketing Upon The Research

It has long been accepted in most quarters that one's views of the world, and the phenomena in it, are greatly influenced by one's presuppositions about the world, and its phenomena. In the area of research, then, it is imperative that one state one's preconceived notions about the subject matter, in an effort to acknowledge and thereby diminish the strong effect such beliefs can maintain in the interviewing process and the interpretation of the data.

For the purposes of this study, it is important to acknowledge certain of these presuppositions, held by this particular writer. It must be stated that the writer does not have a teaching degree, nor a background in education beyond that acquired during her graduate program. She has, however, been exposed to learning disabilities and other handicapping conditions through practicum coursework, in the area of intellectual and psychological assessment. As a research assistant, she was able to gain a small amount of understanding into the mind-set of parents of mentally handicapped children. Aside from these two areas of exposure, the bulk of information has been gathered while working on this thesis. Because there is no extensive background in education in this writer's history, and because she is not a parent, the writer is able to approach the study with very little bias towards either the professional or parental role in this particular area.

A second presupposition which must be stated by this researcher is that of her preference for understanding families using a family systems point of view. While it was

not her intention to utilize such a framework in understanding these particular families, it was impossible to remain uninfluenced by such prior learning and consequent habits. In the interviewing process and the analysis of the data, there are benefits of such a systemic understanding. The ability to see beyond isolated experiences of parents and teachers, and remain aware of the fact that, often, one person's behavior can feed into the responses and affectations of the other, provides the interviewer with a level of objectivity which otherwise might not be present.

It must also be acknowledged that following the first and second interviews completed by the researcher, it became necessary to guard against negative opinions which began to develop towards educators, and administrative personnel. While not all of the parents' statements regarding these professionals were negative, many were emotionally packed with frustration and grief. On several occasions, the interviewer became aware that the wording of her "probe" may have reflected such emotions, rather than remaining independent from them. By the same token, the pain and frustration of some of these parents was difficult to remain detached from, given the rather intimate setting and topic. That is to say, that there were times when the interviewer became aware that asking a question in a detached manner would have appeared insensitive.

Relationship to Prior Research

While quantitative studies are valuable in isolating, and studying certain features of phenomena, the value of a qualitative methodology can be seen in its ability to present a more comprehensive picture of that phenomena. The qualitative approach provides the researcher with the tools to apprehend phenomena in a more generic and contextually complete fashion. In the area of human research, it can be to the advantage of the

researcher to allow the subject's to describe their experience, as opposed to manipulating, and conjecturing about, what is of importance and significance within the studied area.

As well, qualitative studies are also able to generate a number of ideas for future research, as the range of information gathered is often both diverse, and large in quantity. The qualitative methodology employed in this thesis has provided a number of findings with regard to families and learning disabilities. As will be seen in what follows, many of these findings (or themes) complement and enhance the findings within the experimental literature.

In chapter two of this thesis a number of studies were presented, those which can be directly related to the results of this thesis will now receive some additional attention. For example, one of the conclusions reached by Winter and others (1983), was that LD children experience low self-esteem. This research finding was supported in the statements of seven out of the eight parents interviewed.

Hoyle and Serafica (1984) found that LD children are less likely to be nominated as friends. In their study, they found that LD children were "less popular, less likely to reciprocate liking, show on the average a less mature understanding of friendship, and more personality problems" (p.8). Based on the findings of this thesis, however, it could be argued that factors occuring concomitantly with the disability actually account for such a finding. For example, several of the families indicated concern for their LD child's social experiences. A number of these children attend school outside of their own neighborhood, and have probably changed schools more often than their non-LD peers. As well, those children who are not in the mainstream, do not recieve the same amount of exposure to their non-LD peers as those who are in the mainstream. These factors which occur as a result of the disability may actually account for such a finding, and should be

included as a variable in future research.

Hoyle and Serafica (1984) concluded that LD children are more likely to have deficits in their social skills. This finding was supported by Mother 2's statements about her son, and it too can be speculated to come about as a result of the above mentioned factors, rather than as being a direct result of the disability.

Bryan and Bryan (1978a, cited in Dudley-Marling and Edmiaston, 1985) stated that while it is not automatic, LD children are likely to be rejected by teachers, parents, and peers. While the majority of children experienced a form of rejection in being called unkind names, it is not evident from these interviews that outright rejection occurred. Moreover, out of the eight families, only one of the parents could be described as rejecting of his LD child, and that particular parent has been estranged from his family for many years.

Contrary to the findings of Bryan and Bryan (1978), Dudley-Marling and Edmiaston (1985) reviewed the literature on the social status of learning disabled children and concluded that "not all or even most learning disabled persons are held in low esteem by their teachers, parents, and peers" (p.189), although they are, admittedly, at greater risk. Data from the interviews did not contradict their conclusion.

Leyser and Cole (1984) suggested that parents of LD children did not want to be very involved in planning their child's educational program, in parent-teacher conferences, and parent group meetings although they placed high importance on such activities. The parent interviews suggested the converse of this finding. Many of these parents relentlessly pursued educators and administrators in an attempt to be involved. However, as was stated earlier, it may also be that this group of parents is not an accurate representation of the general population of parents of LD children.

In 1979, Werner & Smith concluded from their work that "mothers of LD children are erratic, careless, indifferent, and worrisome" (cited in Amerikaner and Omizo,1984, p. 540). The findings of this thesis do not in any manner support these conclusions. Without exception, each of the eight mothers interviewed demonstrated strength, interest, and commitment to the education and general well-being of their LD child(ren).

Several researchers (Cone, et al.,1985; and Kaslow,1979, cited in Amerikaner and Omizo, 1984) found that mothers tended to be over-involved with their LD children while fathers tended to be detached and distant. Of the six families with both parents still in the home, at least four of the fathers appeared to be actively involved with their LD child(ren); the roles of the remaining two "in home" fathers remained unclear from the transcripts.

Along a similar line, Whitford, Chapman, and Boersma (1982) pointed out that if one parent is absent from the LD home, it is likely to be the father. Two of the parents interviewed were divorced, and in both cases it was the father who was absent from the home.

Humphries and Baumann (1980) found that the mothers of LD children were more controlling but less hostile and rejecting of their children than mothers of normal achievers. They went on to explain that the reason these mothers may tend to be more controlling is because LD children very often function better in settings which are controlled and structured. While this did not emerge as a theme, various statements throughout the interviews suggested that many of the children required that structure and an "above average" level of guidance.

Whitford,et al.(1982) pointed out that a child's success in learning and adjustment can be significantly affected by the dynamics and structure of the family. Several of the

mothers pointed out the converse of the above statement. For example, Mother 6 stated that her LD children did not show their true personalities in the home until they had a long holiday from schoolwork and frustration. Mother 8 described how their home life had changed dramatically once her son was finally diagnosed, placed in a remedial program, and experienced success in school. Just as the family dynamics and structure influence the school performance of the child, so too, the child's school performance influences the family. It is necessary then, to view the child, the family, and the school as forming a system of interaction, rather than one of linear cause and effect.

Future Considerations

This section will include suggestions for future research in the area of families and learning disabilities. At the outset, the need should be recognized for additional research, with families, in the area of LD. As has been stated, it is possible that the parents in this study were a unique subset of the general population of parents of LD children. In view of this, research should be completed on varying samples of these parents, utilizing the same basic format and research design, not only in an effort to replicate the findings of this study but to increase the level of information available.

As well, research should be undertaken which seeks to understand the "normal", or nonhandicapped family. Such an understanding would provide both researchers and educators with valuable information, and could assist in evaluating the results of studies similar to this thesis.

While this thesis did not focus upon parental coping methods, it became very evident that such parents are forced to cope with a variety of situations, emotions, and stresses. Research should be done which specifically focuses on such coping methods, in an effort

to understand how these parents adjust, not just that they do, or do not, adjust.

As well, it should be noted that each theme can be utilized as a separate category for research. Studies can be done on the various themes in an effort to glean valuable information which would more specifically assist both parents and educators. For example, parents and teachers would both benefit from a study focusing upon social concerns for their LD child.

Relative to the family, there is a definite need for research to be conducted upon the siblings of LD children. One mother stated that she could not even estimate how, or to what degree, her nonLD daughter's behavior and personality were a function of the dynamics surrounding the LD child.

There also exists a need for research in the area of support. In cases of LD, it would be helpful to determine which of the groups and organizations actually provide help for the parents, how they are structured, and how the support network could be improved.

Finally, a qualitative, interview-type study on the needs and concerns of educators would provide educators, parents and parent organizations with invaluable information on such issues as parent-educator communication, and related topics.

Recommendations

In the area of learning disabilities it is clear that educator, professional, parent, and public awareness is growing as more attention is focused upon LD. This increasing awareness will make it easier to promote change in areas of need. In what follows, parent suggestions, and the information presented in this thesis, will be combined in an effort to formulate recommendations for this change.

An attitude which seemed to permeate many of the interviews and was confirmed by

statements from five families surrounds the integrity and validity of parent opinion. Therefore it is recommended that educators and other professionals re-examine their attitudes towards the parents, and families of the children they serve, and in particular, those with learning disabilities. While it is true that the trained professional has much in the way of information to offer, it also remains true that knowledge separated from positive regard and acceptance can render ineffective and unfruitful results.

It is also recommended that the professional community address existing problems, specifically in the area of parent-professional communication. More than a few parents expressed their frustration at "not being heard". When asked if there was anything she would like the educators to know, Mother 8 said "I'd say listen to the parents more, I think the parents know... but you have to be willing to listen".

Throughout the interviews it became apparent that teachers give parents signals which suggest to them that their opinions are not important. These signals are given to the parents both overtly and covertly. For example, the most obvious signal was given in direct verbal confrontation, while a less obvious one was the teacher's lack of action. Especially in those cases where there is a dispute, both teachers and parents should be encouraged to take steps to unite for the common good of the child. One way this can happen is for both parties to invite a knowledgeable third party in to the dispute in an effort to reach some agreement.

It is recommended that the extent of teacher training in learning disabilities be evaluated at the university level. A common complaint amongst several of the parents is stated by Mother 3 "I think that teachers are not generally qualified to deal with a(n) LD child in the classroom as the mainstreaming idea suggests". Mother 4 stated her belief that "every teacher that graduates should know exactly what learning difficulties entail,

know... how they'll present roughly". It is recommended that elementary and secondary schools be commited to providing teachers with inservice presentations, and workshops on various aspects of LD. The covered areas should include: identification procedures, teaching strategies, availability of resources and methods of involvement with the parents. Several parents expressed their concerns that many teachers, from all appearances, are not familiar with, nor cognizant of, the identifying signals of LD. In addition to identification procedures, teachers need to be made aware of which procedures to follow after such signals become manifest.

It is imperative that teachers become familiar with teaching strategies and the resources available to them, in working with children with LD. Research combined with ingenuity is providing the educator with new ideas in both of these areas. It is recommended that inservices, or at the very least, newsletters, on such topics be periodically provided for teachers in every school.

It is also recommended that educators be strongly encouraged to abide by the remedial suggestions of the assessment team. In cases where teachers do not agree with the remediation, they should not respond with silence nor inactivity, but should make their greivances known rather than having remediation lie dormant.

It is recommended that the screening devices and assessment process for LD be re-evaluated with regard to reliability, validity, age appropriateness, and the findings of current research. It is further recommended that parent opinion be required as part of the assessment process. An educator (personal communication) with some knowledge and experience in the field, has suggested that informed questioning of the parents can, by itself, provide enough information to diagnose for LD. The argument is that parents can see discrepancies and inconsistencies between their levels of ability and achievment,

because, it is maintained, it is actually a matter of common sense observations. This particular educator has argued that the best diagnostic tool is a detailed conversation with the parents. While many might take issue with such a "non-researched" opinion, it is not without its merits, and should be included as a required part of the assessment process.

Conclusion

In conclusion, seven themes emerged from the data, along with a number of sub-themes. These themes depict that which was salient in the minds of the parents during the interviews. The main themes are: active parental involvement in the child's education, parents in relationship with the school, support for the parents, social concerns for the LD child, concerns about the future for the LD child, emotional strains of parenting an LD child, and effects on family life.

It can be seen from the interviews and resulting themes, that this group of LD parents experience many concerns and stresses. They not only cope with the normal strains and stresses of parenting, but they must also adjust to the additional demands as presented in this thesis. It behooves the educational and professional communities to examine their own beliefs and join these parents in an effort to understand, and work with them in accomplishing their common goal; that of giving children the best possible chance to actualize their potential.

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Appendix A

I, _____, agree to participate in this parent-interview project conducted by Karen Waggoner, for her M.Ed. thesis, under supervision of Dr. L. Wilgosh, and to having the interview taped, with the understanding that the tapes will not be identified in any way, to guarantee confidentiality of my name and personal opinions. Only key issues and concerns raised by parents will be summarized from the tapes, and will not be associated, in any way, with individual parent identities.

_____

Signature

_____

Date

Appendix B

THEMES

	# of families
1. Active Parental Involvement in the Child's Education	
1a. Parent as Teacher	8
1b. Parent as Advocate	8
1c. Parent as Philosopher	5
1d. Parent as Learner	4
1e. Parent as Stimulator of the System	7
2. Parents in Relationship with the School	
2a. Postive Experiences with the School	8
2b. Negative Experiences with School Personnel	7
3. Support for the Parents	
3a. Positive Experiences of Support	8
3b. Nonsupportive Experiences	4
3c. Institutional Support System	6
4. Social Concerns for the LD Child	5
5. Concerns About the Future for the LD Child	4
6. Emotional Strains of Parenting LD Children	
6a. Assessment as a Diagnostic Tool	6
6b. Name Calling of the LD Child	5
6c. The Self-Esteem of the LD Child	7
6d. Observed Struggles of the LD Child	5
6e. The Invalidated Parent	5
6f. The Hurting Parent	8
7. The Effects on the Family	
7a. Family Life	5
7b. Siblings	5